TO HOSPITATION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
may be read by the hospital or attending physician. TO FUNERAL RECTOR: After this certificate has been stand by the attending physician and completely filled in the funeral director.
page 3 shauld be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

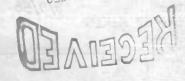
(M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2130

CERTIFICATE OF DEATH

Reg. Dist. No. 2086

1	PLACE OF DEATH				11	HELIAL DECIDENCE DATE		Street Ministration		h-6		
	o. COUNTY	Montgome	ry	MARYLAN		o. STATE Maryland Description: Residence before admission) B. COUNTY Arundel						
	b. CITY OR TOWN (If RURAL and give near	outside corporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	outside corpor	ote limits, write R	URAL and gi	re nearest t	own)	
	Bethesda	nesi town,		184 days		Mayo 02 x-2						
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS e. IS RESIDENCE						
1	The Clinica	al Center,	Beth	nesda 14, Md		(No street	addre	ss)			NO TO	
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mon	th	Doy	Yeor	
	(Type or print)	Ru	the	Alice		Abner	DEATH	Febr	uary	8	19 58	
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years			NDER 24 HRS.	
	Female	White	WIDOW	ED DIVORCED		April 16, 19	901	lost birthdoy) 56 yrs.	Months D	Poys Hou	Min.	
	. USUAL OCCUPATION	V (Give kind of work	done 10b.	KIND OF BUSINESS OR II	NDUST	Y 11. BIRTHPLACE (Stole	or foreign co	untry)	12. CITIZ	EN OF WH	AT COUNTRY?	
	Clerk	ng life, even if retired	_	Philanthropic	•	Washingto	on. D.	C.	U	. S.	A.	
	FATHER'S NAME			The state of the s		14. MOTHER'S MAIDEN N						
1	Frederick 1	Potter				May Coul	ter					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT The Med		Record Add	ress			
1	No	l yes, give war or dates of s	ervice)	577-30-5401		e Clinical (Marw	land	
F		H [Enter only one co	use per li	ne for (o), (b), and (c).]				, 200102			BETWEEN	
		H WAS CAUSED BY:		lonation		rilure					ND DEATH	
	1011.1	IMMEDIATE CAUSE (o		regractic		VIIINAG				LW	Kı	
	///X		0	o		C+. 0	ervi	v	1.			
	Conditions, if on gove rise to im	mediate	1	arcinoma	,	or The C	Ervi	X WIT	N			
	couse (o), stoting th	ne under-	100	etastrini "	+	- 0 1	1 100			2	AME	
z	lying couse lost.) (c	1	CONTRIBUTING TO DEATH	UUT NI	DENTED TO THE TERM	- JVW	COMPLETION OF	LUNG	1 10 11	ALL ALIZONOV	
CERTIFICATION	PARI II. OTHE	ek significani con	DITIONS	CONTRIBUTING TO DEATH	90114	OT RECATED TO THE TERMI	MAL DISEASE	CONDITION GIV	EN IN PAKI	PE	REORMED?	
CERTIF	200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRISE HOW INJURY OCCU	URRED.	(Enter nature of injury in 1	Port I or Port	II of item 18.)				
	20c. TIME OF INJURY		or 20d II	NJURY OCCURRED 200	e. PLAC	E OF INJURY (Home, form	20f (City	or town)	1Co	unty)	(Stote)	
MEDICAL	Hour o.m. p. m.	19	While of wor	Not while	focto	ry, street, office bldg., etc.	.)		(60	omy,	(Stole)	
	21. I certify the	at I attended the	deceas	ed from Augu	st	8, 1957, to Fel	oruary	8 1958	that I la	ist saw th	ne deceased	
	alive an Febr	ruary 8	. 19 1			ccurred at 10:10						
				ΛΛ 00				eet, city or town,		0010 31	DATE SIGNED	
	ACTUAL SIGNATURE	harles	4	Vadler	- M	The Clin	ical Co	enter		2/	9/58	
						National	Insti	tutes of	Healt	h		
	PHYSICIAN'S NAME (Type)	Charles	F. Na	adler, M.D.		Bethesda	14, M	aryland				
220	REMOVAL (Specify)	226. DATE THERECO	58	22c. NAME OF CEMETER	ny or o	M. Perl	/22d. LOCAH	ON (Cityplown, C	or eouthly)	ih	Stole) /Re	
23.	FUNERAL DIRECTOR'S	SIGNATURE	1/2	ADDRESS 1/4	1.	2) 240. REC'I	D BY REGISTE	RAR 246. REGIS	STRAR'S SIGN	NATURE'		
L	ec on	vulla,	701	in will		DATE FE	EB 1 3 '5	18 Ru	Lean	de		
4												



BUREAU V. 8961 & 655 8961 & 655

CERTIFICATE OF DEATH

em 18 Film 220 3-10-50 AME DEPARTMENT OF HEALTH-BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) necessary, please director. Page for your files. o. COUNTY Montgomery rector. Page r your files. rd of Health, o. STATE Maryland b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write BURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 5 days Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Boar Cedarcroft San-1502 University Blvd. W Stote NAME OF Middle Feb. 17. 1958 DECEASED Ralation Adams H. 5 may be rel (Type or print) hours ofter 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (in years 5 SEX executed within 24 hours after death. If a fin them, 18. Give Pages 1, 2, and 3 to ffice along with form PM3. Page 5 may frist along with File pages 1 and 2 with rovol, and in any event within 72 hours over white WIDOWED [7] DIVORCED [7] 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired)

Physickan M.D. A3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jeanette Blaisdell Leason H. Adams 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] er's Office alang byrial-fransit pern PART I. DEATH WAS CAUSED BY: Congestive heart failure IMMEDIATE CAUSE (o) us certificate should be executed the ward "pending" in pending in the e Chief Medical Examiner's Office at DUE TO Conditions, if ony, which gave rise to immediate cause DUETO (o), stating the underlying couse lost and kidnevs cremofian, CERTIFICATION 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) buriol. PRIMARY | or CONTRIBUTING | MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20f. (City or town) 0 factory, street, office bldg., etc.) Hour While Not while writing to the to Poge 3 of work of work p. m 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection ... forworded to DIRECTOR: 1 opinion death resulted from: Natural causes . Accident . designated ACTUAL portant CHIEF MEDICAL EXAMINER execute the should be for the ASSISTANT MEDICAL EXAMINER EXAMINER'S Frank J. Broschart DEPUTY MEDICAL EXAMINER TA 220. BURIAL CREMATION 226. DAJE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0

19 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min 12 CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH Sudden Passive congestion of lungs, liver, spleen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DE NO M (County) (State) Inquiry . and in my Suicide . Homicide . Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or county) (Stole) 23-FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

Reg. Dist. No.

Montg.

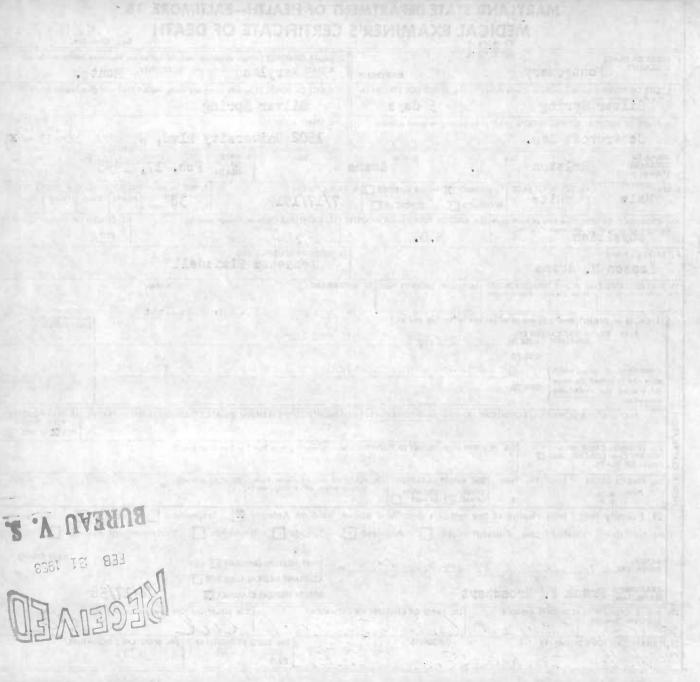
. IS RESIDENCE

YES TO NOT

Year

ON A FARM?

VS. A15ME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2132 CERTIFICATE OF DEATH Rea. Dist. No. director, iled with M 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed . o. COUNTY b. COUNTY MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ourside corporale limits, write RURAL and give nearest town) pe RURAL and give nearest town) 11:20 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 040 YES NO D NAME OF Middle DATE Month Day Year DECEASED OF DEATH (Type or print) 125 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER VYEAR IF UNDER 24 HRS B. DATE OF BIRTH Months DIVORCED T WIDOWED-YES. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during(most of working life, even if retired) Own home HULLER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Weaver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 401, Lodney none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH ᆸ PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which (b) gove rise to immediate DUE TO coese (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Day, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Year 20d. INJURY OCCURRED (County) (Slote) foclory, street, office bldg., etc.) Hour o. m. Not while of work of work .. 19 JK that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 2 : CO A M, from the causes and an the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) JAMES M. WHITLOCK 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) EN S REMOVAL (Specify) 2/26/58 COLESVILLE CEMETERY 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

SILVER SPRING. MD.

FEB 2 6 '58

15M 9/5S

CECHRICATE OF DEATH

PREGETY ESS
FEB 26 1958
SUBARAU V. S.

IMOG V

M

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITA

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 2133

Reg. Dist. No. 12()89

1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO STATE Ohlo	nere deceased lived. If ins b. COU		admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	oulside corporate limits, wr	ite RURAL and give neare	est town)
Bethesda	92 days	Strongsvil	Lle	72 4 3	
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	iress)	d. STREET ADDRESS		e.	IS RESIDENCE
The Clinical Center, Bethe	sda Ili, Md.	14770 Fett	terman Drive		ON A FARM? YES NO 🔼
3. NAME OF First DECEASED (Type or print) Robert	Middle Whitman	Annis	4. DATE OF DEATH Fe	Month Doy bruary 15	19 58
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	ears IF UNDER 1 YEAR III	UNDER 24 HRS.
Male White WIDOWED		December 20,	1927 1937 30	yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind af work done 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF	WHAT COUNTRY?
	narmacy	Illinois		U. S	. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Russell Annis		Gladys Ha	art		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. I		dical Record	Address	
(Yes, no, or unknown) (If yes, give war ar dates of service)	8-22-5225	The Clinical			brefrre
18. CAUSE OF DEATH [Enter only one couse per line f		1110 0111110011	0011002, 200		VAL BETWEEN
PART 1. DEATH WAS CAUSED BY	11 . 0	al			AND DEATH
31111 V DUE TO	studing is you	enophaumor	nia		was
VTTA		. 11	MARINI L.		
Conditions, if ony, which gove rise to immediate (b)	rocephallis	1 Chronic	Meningetis	aue	
couse (o), stoting the <u>under-lying couse lost.</u> DUE TO (c)	to Candi	da allicar	us	14	Line.
PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION		WAS AUTOPSY PERFORMED? YES NO
ZOD. ACCIDENT WAS UNDERLYING 20b. DESCRIE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Port II of item 18.)	
Hour o. m. While	RY OCCURRED 20e. PL. Not while for or work	ACE OF INJURY (Home, farm story, street, office bldg., etc.	20f. (City or town)	(County)	(State)
21. I certify that I attended the deceased	from November	15 19 57 to Fel	pruary 15 10	58 that I last som	the decer
		accurred at 9:30			
and the state state of the stat	-,-, and mar deam		ADDRESS (Street, city or to		DATE SIGNED
SIGNATURE Bayand To	Thin		ical Center		2/16/58
SIGNATURE 18 MIGHT	7,00		Institutes	of Health	2/10/20
PHYSICIAN'S Bayard Tynes, M.	D.	Bethesda	lli, Marylan	d	
220. BURIAL, CREMATION, 22b. DATE THEREOF 2/17/58	Holy Cross	Cemetery	22d. LOCATION (City, 100 Brook Par		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE 2901	APPRESS St.	N W 240. REC'I	BY REGISTRAR 24b. F	REGISTRAR'S SIGNATURE	
The U Himan C.	ington. D.	DATE			
				1	

ESS 16 1623

200

. See J. See J. F. S.

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02090

Reg. Dist. No.

	PLACE OF DEATH a. COUNTY	Montgomery	2:	134 MARYI	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Montgomery							
	ond give nearest town	outside corporate limits, write Bethesda	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (Y Bethesda,		porale limits, write D. #3	e RURAL on	d give no	earest to	wn)	
	d. NAME OF HOSPIT	TAL OR INSTITUTION (f not in t	hospital, give street address)	d. STREET ADDRESS						ESIDENCE	
		Suburba	n Ho	spital		P.O. Box	620				YES NO		
	NAME OF DECEASED (Type or print)	Fir Bern		Middle		Anthony	4. DATE OF DEATH	Man Febr	uary	Doy 12		9 58	
	Female	Colored	WIDOW			June 25, 191		9. AGE (In years tast birthday) 39 yrs.	IF UNDER Manths	1YEAR Days	Hours	ER 24 HRS. Min.	
100		ON (Give kind of working life, even if retired) USEWITE	dane 10b	. KIND OF BUSINESS OR I	NDUST	RY 11. BIRTHPLACE (Stor					S.A.	COUNTRY?	
13.	FATHER'S NAME	Henry She	ild			14. MOTHER'S MAIDEN		ıknown					
15. (Ye	. WAS DECEASED EV	/ER IN U. S. ARMED FO (If yes, give wor or dates of		6. SOCIAL SECURITY NO. None		red Anthony-	Husban	Addres	ıme				
		TH (Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	77	ne for (a), (b), and (c).]	4.9%	ary Ed	211/2			INTER	VAL BETWEEN AND OR	EEN ATH	
	conditions, if ony, which gave rise to immediate cause (b) H cute (grandling Apart to Lucie 2 hours of the underlying cause last. (c) Myocardial Insufficiency 2 hours												
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FEMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES YES												
CERTIFICATION	20g. EXTERNAL CA PRIMARY G or CO CAUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCR	RIBE HOW INJURY OCCUR	RED. (E	nter nature of injury in Pa	ort I or Port II	of item 18.)			4		
MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	RY Month, Day, Yeo	W	I. INJURY OCCURRED 20 hile Not while work 1		CE OF INJURY (Home, far ary, street, office bldg., et		y or tawn)	(Co	unty)		(State)	
	and the second second			remains described X, Accident [],				nspection [, Inqui	ry 🔲,].	and	find that	
	ACTUAL SIGNATURE	mus g.	13	mhart		_M.D. CHIEF MEDICAL E		THE PARTY NAMED IN			DATE S	SIGNED	
	EXAMINER'S NAME (Type)	FLANK J.	13	hoschlat		DEPUTY MEDICAL			2-1:	2- 3	58		
220	REMOVAL SPECTY	2/19/58		Arlington				TION (City, town, ington,			(Stat	e)	
23.	FUNERAL DIRECTOR	rs signature	w.	Rockse	i	le hed 240. REC	FEB 2 1	758 24b. REG	ISTRAR'S SIG	GNATUR	E .		

MEDICAL EXAMINER OF THE ATT OF THE ATT OF THE OFFICE OFFIC

BUREAU V. S.

LEB SI 1828



VS A1S (4) 1SM 9/S5 19

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2135 CERTIFICATE OF DEATH

Reg. Dist. No.

02091

					II		4 4 4 4 4 4		1.	4.1.1.
1. PLACE OF DEATH a. COUNTY	Montgomery	7	MARYL	AND	2. USUAL RESIDENCE (W. a. STATE D.C.	here decease	b. COUNT		ce befare a	idmission)
b. CITY OR TOWN (III RURAL and give ne	f autside carporate limits	, write	c. LENGTH OF STAY IN	4 16	c. CITY OR TOWN (IF	autside carp	orate limits, write	RURAL and	give nearest	t tawn)
	thesda		3 days		Washingt	on,	4	17 X-3	3	7(77
d. NAME OF HOSPIT	AL (If not in haspital, gi				d. STREET ADDRESS			11 = 0.0	e. I	S RESIDENCE
OK INSTITUTION	Suburban H	lospi	ital		2400 16th S	treet	, N.W.	#529		ES NO
3. NAME OF DECEASED	First		Middle		Last	4. DATE OF		nth	Day	Year
(Type ar print)	Henr	yk			Arctowski	DEATH		oruary		19 58
s. sex Male	1279 4 1	7. MARR	NEVER MARRIED DIVORCED		B. DATE OF BIRTH July 15.18	77	9. AGE (In years last birthday)		-	UNDER 24 HRS.
				_					IZEN OF W	VHAT COUNTRY?
10a. USUAL OCCUPATION during most of work	ing life, even if retired)		Physcist		Wanger B			7	.S.A	. 1915
13. FATHER'S NAME	7772		11,002.00		Warsaw, P	NAME	1	1/0	.D.A.	. 1717
Karol Ar	ctowski	,			Sofie					
IS. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. 1	NFORMANT		21.000	depty + h	C+ X	T ToT
(Yes, no, or unknown)	(If yes, give war or dates of ser	vice		H	ospital Recor	de	Jane Ar	ctow	ski.	wife
IR. CAUSE OF DEA	TH [Enter only one cau	se per li	ne far (a), (b), and (c),1	1 41	OBDITUAL RECOI	us			LINTERV	AL BETWEEN
	TH WAS CAUSED BY:	-	anne Tim		don 8 1	1.1.	-0-		ONSET	AND DEATH
491X	IMMEDIATE CAUSE (a)	4	- grann		acare pa	uu	ee .		7	any .
Canditians, if a			B	-	20010-00-11				41	down.
gove rise to in	mmediate (() mmin	1	meum v pro	,			1.6	mys.
lying cause last.	the under-									
	TER SIGNIFICANT COND	ITIONS O	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERA	AINAL DISEA	SE CONDITION G	IVEN IN PAR	T 1(o) 19. V	WAS AUTOPSY
Ĭ	himmin									PERFORMED?
PART II. OTH	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury in	Part I ar Pa	rt II af item 18.)			
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)									
Z 20c. TIME OF INJUR	Y Manth, Doy, Yea	20d. H	NJURY OCCURRED	20e. PL	ACE OF INJURY (Hame, for	m, 20f. (Cit	ly ar tawn)	((County)	(State)
20c. TIME OF INJUR Havr a. m. p. m.	19	While at war	Nat while	fa	ctory, street, office bldg., et	c.)				
	at I attended the	deceas	ed from 1 50	h	. 1958, to 2	12	1 105	Sthat I	last saw	the deceased
alive on 2					occurred at 4 15					
dive on		_, ,/	and man	Jean	r occorred di zelli		Street, city ar town		ne date	DATE SIGNED
ACTUAL SIGNATURE	eruch !	Ken	nlb		M.D. 729 PE	RSAL	NG DR	514	VER :	SPRING,
PHYSICIAN'S NAME (Type)	ERUCH 7	T. 15	IMBLEIN	20					21	F # B 58
220 BURIAL CREMATIO	N, 22b. DATE THEREO	F	22c. NAME OF CEME	TERY C	OR CREMATORY	22d. LOC/	ATION (City, town	or county)		(Stote)
REMOVAL (Specify)	2/24/58		Ft. Linco	ln	Crematory	Pr. C	eo.Co.	Mar	yland	d
23. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS			D BY REGIS		SISTRAR'S SIG	W	
The . C.	N. Hin	last	0. 2901	-10	folh, Starme 1	EB 2 4	'58 (1)	eles.	uch	
				/	- Links			200		

STATE AL 856T 78 E :

6.00

death.

CERTIFICATE OF DEATH

BUREAU V. S.

LEB 13 1500

BURNEL 2/ 3/20 MITEON TENT CENTERS FAIRES

alling remined

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2137 **CERTIFICATE OF DEATH** moy be recorded by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registror prior to buriol, cremotian, or removal, and in any event within 72 hours after death. 74 0

TO HOSPITA VS A15 (4) 15M 9/55

after death. Page 4

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

112093

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY					
Mort General MARYLAND	maryland monturery					
b. CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If outside carporote limits, write RURA) and give nearest town)					
Bethera of ho	MOCKVIIIC 26					
OR INSTITUTION	d. STREET ADDRESS 1306 Placett DRIVE YES NO					
3. NAME OF First Middle						
3. NAME OF DECEASED (Type or print) LOLA EMMA	BARKER OF DEATH 2 1957					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
WIDOWED M DIVORCED	- -					
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Housewite	Voltar hoursans 113A					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
John James	PEBECCA					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no or unknown) (If yes, give wor or dates of service)	NFORMANT Address C USC HDC					
	aghter Ethel Campbell-1306 Rockville					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Candiac	outine ONSET AND DEATH					
420.0 DUE TO A	7 -4 0 10 10					
Canditions, if ony, which) (b) Colleman	Cenatic Kenst Obseases of go yes.					
gave rise to immediate couse (a), stating the under-						
lying cause last.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY					
	PERFORMED?					
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part II of item 18.)					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature at injury in Part I or Part II at item 15.)					
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While at wark at wark at wark	ctary, street, affice bldg., etc.)					
21. I certify that I attended the deceased from July	1955, to Telesans, 1958, that I last saw the deceased					
alive antellman 2, 19 5 & and that death	71000					
n () a a and	ADDRESS (Street, city or town, state) DATE, SIGNED					
SIGNATURE Canaly O, Eleman	MD. 5707 Wesconsinard \$7/2/58					
	and all he of a					
PHYSICIAN'S DONALD O EKMAN	Chevy Chase, Maryland,					
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY (22d. LOCATION (City, town, or county) (State)					
BURIAL 2-8-38	HOT DIKINGS, ARKENSAS					
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 72	17-57- 240. REC'D BY REGISTRAR 246. REGISTRAR'S-SIGNATURE					
VIN Champer (0, 1,1256	Di C. Date Withebuch					

6EB 6

02094 **CERTIFICATE OF DEATH**

215

Pag Diet No.

			14						MAR. DIST.	110.			
	PLACE OF DEATH o. COUNTY	ontgomery		MARYLA	11	o. STATE Distri		d lived. If institution		before admis	sion)		
	b. CITY OR TOWN (II	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
Be	RURAL ond give ne	ural)		23 hours		Washington 47x-3							
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	1 0		d. STREET ADDRESS e. IS RESID							
U.	S. Naval	Hospital, I	Bethe	sda. Md.		613 "M	" Str	eet, N.W.			FARM?		
3.	NAME OF	Fir		Middle		Lost	4. DATE	Mont		Doy	Yeor		
	DECEASED (Type or print)	Lula	1	Hester		BARRETT	OF DEATH	Februa			1958		
S.	SEX			RIED NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years	-	YEAR IF UND			
T	Female	White	WIDOWI		_	26 April 192	8	lost birthday) 29 yrs.	Months D	ays Hours	Min.		
_	. USUAL OCCUPATIO	N (Give kind of work	one 10b.		_	Y 11. BIRTHPLACE (State of			12. CITIZ	EN OF WHAT	COUNTRY		
	during most of work	ing life, even if retired		None		Washingto			U.8				
_	FATHER'S NAME			MOTIC		14. MOTHER'S MAIDEN NA			1 0.1	J •			
-	Channings	ATNEC				Martha MEHAI	यार पार						
_	WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	17. INF	DRMANT	er in	Addr	ess				
	No. or unknown)	lif yes, give war or dates of s	ervice)	Unknown	/ Was	sband) Harol	a n	BARRETT (Cama	101			
-		TH [Enter only one co	wa nas lii	ne for (o), (b), and (c).	Lilu	Prand I Haror	и р.	DITTABLE !	Doille 1	INTERVAL BE	TWEEN		
		TH WAS CAUSED BY:	ose per m		สำหา	xOverwhelmin	na se	nticemia		ONSET AND	DEATH		
	110.	IMMEDIATE CAUSE (o)	7,500	31101	WOAGI MIGTHIII	18 50	Porcenta		-) 100			
	440X	DUE TO	D.	ilatamal my	0.011100	onia (diploc	200011	s nneumo	niae)	48 ho	urs		
	Conditions, if ar	n mediate (itaterat pr	reum	onia (dipio		pricamo	11200/	10 110	410		
	lying cause lost.	the under-											
z) (c		CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERMIN	IAL DICEAC	E COMPITION CIVI	CALINI BADT I	1-1 10 MAGE	ALITORCY		
110									EN IN PAKI	PERFC	DRMED?		
FIG						ng term ster				YES A	NO 🗆		
L CERTIFICATION	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY OCC	.UKKED.	Enter nature of injury in Pa	on i or ror	i ii or nem 16.;					
MEDICAL		Y Month, Doy, Yes			De. PLAC	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City	or town)	(Co	unty)	(State)		
MED	Hour o.m. p. m.	19	While of wor	Nat while	racio	y, sireer, office blog., etc.)							
	21. I certify th	at Lattended the	deceas	ed from 1 Febr	uarv	, 19 58, to 2 1	Febru	ary 10 58	that I la	et caw the	doceato		
	alive an 2 F					ccurred at 9:40A	•M from	n the course of	nd an the	data stat	ad abave		
			()	, one man	com o			treet, city or town,			ATE SIGNE		
	ACTUAL SIGNATURE	Flex	200	Elle		U.S. Naval	Hosp	ital. Bet	hesda	. Md. 2	3-3-58		
		1 3			M.					,			
	MAME (Type)	.S. CALDWEI		T, MC, USN		U.S. Naval	Hosp	ital, Bet	hesda	, Md.			
220	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEMET	ERY OR	REMATORY	22d. LOCA	TION (City, town, o	r county)	(Stot	le)		
_	Burial	2-6-58		Arlington N	at'l	Cemetery	Arli	ngton, Vi	rginia	9			
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24a. REC'D		RAR 24b. REGIS	TRAR'S SIGN	IATURE			
R	.A. Mattin	gly, 131 1	lth S	t.S.E. Washi	ngto	n,D.C. DATE 6	'58	Plet	1				

page 3 should be detached for use as the buriot-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, or remayol, and in any event within 72 hours after death. ofter death. Page. TO HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be rated by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled VS A15 (4) 1SM 10/S7

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months and the contract of the min han early to his words of the first of the free hands of his one lies are The same and the second and analysis on the College State of the second blood with the College State of the College State of the State of the College State of the State of th e de company 8361 9 83' D.E. Harri Tonnelle L. Perri . a. U The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DESCRIPTION OF DEATH

Description of the control of the co

THE RESIDENCE

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BUREAU V. E.

FEB II 1953



PRINTER TO MANAGED AND ADDRESS.

THE RESERVE OF THE PARTY.

Rookville, Md.

e. IS RESIDENCE ON A FARM?

YES NO

Year

19

Min.

Hours

INTERVAL BETWEEN ONSET AND DEATH

3 days

YES [

PERFORMED? NO.

DATE SIGNED

(State)

(State)

VS. A15ME 5M 2/57

B 10 - 6

SEST S RAM

DESCRIPTION OF THE PARTY

TO HOSPITAL

2098 CERTIFICATE OF DEATH

02097

					Reg. Dist. No.
1. PLACE OF DEATH		MARYLA	a. STATE M	b, COUNTY	Residence before admission)
11414	umery		maryean	4	Rhilgmery
RURAL and give at	outside corporate limits, writerest town)	1	c. CITY OR TOWN (If ou	itside corporate limits, write RUF	RAL and give nearest town)
Josepha	rak	1 4000	11 001	ema Jack	
OR INSTITUTION	AL (If not in hospital, give structure)		d. STREET ADDRESS &	camore au	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle	Lost	4. DATE Month	Day Year
(Type or print)	FREDERICK	FRANCIS	BELLMUND, JR.	OF DEATH FER	1/ 1958
5. SEX	1 1.11.4-	ARRIED NEVER MARRIED OWED DIVORCED	B. DATE OF BIRTH 3 34. 12. 195		F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most of work	DN (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (Slote of	r togeign country) ark. Md	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	7. Belmind		14. MOTHER'S MAIDEN NA	Briscal	
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	M. Frederick 7	. Bellmund (pane of #2)
	ATH [Enter only one cause po TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Dayles	ù		INTERVAL BETWEEN ONSET AND DEATH Subdiver
Conditions, if o		norgal	ism		1 year.
lying couse lost.					
PART II. OTH	IER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 14
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED, (Enter nature of injury in Pa	ort 1 or Port II of item 18.)	
ZOC. TIME OF INJUR Hour o. ft. p. m.	w	d. INJURY OCCURRED 20 hile Not while work of work	e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify th	at I attended the dec	eased from 21 M	cer , 1957, 10/1	Feb- 1058	that I last saw the deceased
olive on 2	Feb.	470	0.000	M. from the couses on	d on the date stated above
	100		A	DDRESS (Street, city or town, sto	ote) DATE SIGNE
ACTUAL	7.7KL	ellre	_M.D. 7/12 W11	low Hur	11 Feb
PHYSICIAN'S NAME (Type)	4.13 Qu	EEN	Tokoma	Pock Md.	1958
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREOF	8 arlington	RY OF CREMATORY Cational Climitary	22d OCATION-City, town, or	county) (Stole)
23. RUNERAL DIRECTOR	s signature Valley; 254	Carriel DI Ke	W.AC DATE	BY REGISTRAL 24b. REGISTI	RAR'S SIGNATURE
12075393	XY4				

CERTIFICATE OF DEATH

BUREAU V. L

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TO HOSTILAL OX ALIENDING PHISICIARS: the law requires that the death certificate be executed within 24 hour	E	TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and campletely filled and	۵	the registrar priar to burial, cremation, ar remaval, and in any event within 22 haurs after death.	
3/	2	115	14		
1	5M	9/	55	,	

1. PLACE OF DEATH a. COUNTY	MOOMERY		MARY	11	USUAL RESIDENCE (W		l lived. If institution b. COUNTY				
	(If outside corporate lim	its. write	c. LENGTH OF STAY	IN 1b	MARY LAND MONTGOMERY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
RURAL ond give	nearest town)		or actions of the	1	SILVER SPRING						
d. NAME OF HOSE	IVER SPRIN		oddress)		d. STREET ADDRESS	K SPR	ING		a IS PESIDENCE		
OR INSTITUTION			,	1		Timbe	77 01		e. IS RESIDENCE ON A FARM? YES NO-		
3. NAME OF	r:	rsl	Middle				ll Stre		- A		
DECEASED (Type or print)					Lost	4. DATE OF DEATH	Mon		Day Year		
5. SEX	ROBE		V.		BEVLIN ATE OF BIRTH	1	2		19 58 AR IF UNDER 24 HRS.		
	TALLET COME		RIED NEVER MARRIE	_		557	9. AGE (In years lost birthdoy)	Months Doys			
FEMALE	ION (Give kind of work	WIDOW	376		8-20-98	6	59 yrs.	122 CITIZEN			
during most of wo	orking life, even it refired	I)	KIND OF BUSINESS O	K INDUSTRY			ountry)	IZ. CHIZEN	OF WHAT COUNTRY		
HOUSEWI	19.14.I			- 11	VIRGINI			U	S.A.		
		-		"	. MOTHER'S MAIDEN						
	BENJAMIN E			1	••••	MAR	Y F. WY				
(Yes, no. or unknown)	ER IN U. S. ARMED FOI	ervice)	SOCIAL SECURITY NO.	. 17. INFOI	(MAN)		2402.4	Indell	St.		
					VETH P. V	ENABL	E Silv	er Spr	ing, Md.		
	ATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]		1.1	-/	*	IN	TERVAL BETWEEN		
PARI I. DI	IMMEDIATE CAUSE ()	Coro	care	wern	vose	~	/	sudden		
400.	DUE TO		10	/	- 0	0 .			110		
Canditions, if)	Coron	ary.	rusuff	fecce	ucy .		Tyear		
gove rise to couse (o), slating			0.0	-	100	`			1		
lying cause last			00 00 -	cary	accer	orn			1 year		
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?		
<u> </u>									YES NO		
I ≃ OR CONTRIBUTION	AS UNDERLYING A	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	nter noture of injury in	Port I or Port	II of item 18.)	11-0.10			
	Y MEDICAL EXAMINER)										
20c. TIME OF INJU		or 20d. II While	NJURY OCCURRED Not while	20e. PLACE (OF INJURY (Home, form street, affice bldg., etc.	n. 20f. (City	or town)	(County	r) (Stote)		
₽. m.	10	at wor									
21. I certify	hat I attended the	deceas	ed fram Jun	110	, 1957, ta 7	Teb	16.1958	that I last	saw the deceased		
alive an	2/5	12	ond that	death ac	curred at 9:45/	PM. fram	- '				
1 1 1 1 1 1 1 1	0	/	1				reet, city ar tawn,		DATE SIGNED		
ACTUAL SIGNATURE	LX3600	rel	mylon	MD	6234 20	· Cue	mulle	whoc	2/16/5		
	X DI.	1. 1	1//1	()	/			/			
PHYSICIAN'S NAME (Type)	D. B. N	45h	Ington	MD	6234	Go. A	vehlu	Was.	h.11 DC		
220. BURIAL, CREMATI)F	22c. NAME OF CEME	TERY OR CR	MATORY	22d. LOCAT	ION (City, town, c	r county)	(Slote)		
Burnal (Specific	2-20-	58	ARLINGTO	NA NA	PIONAL	ARL	INGTON	VIR	GINIA		
23. FUNERAL DIRECTO	R'S SIGNATURE	200	ADDRESS	Wash.	D . C . 240. REC'	D BY REGISTI		TRAR'S'SIGNAT	URE /		
Trancis H	Collins	382	1 14th.St	C.N.W	DATE	FEB 2	4 '58	Whear	un		

BUREAU V. W.

EB SV 1828

DECENTED

Fine Holling

VS. A15ME

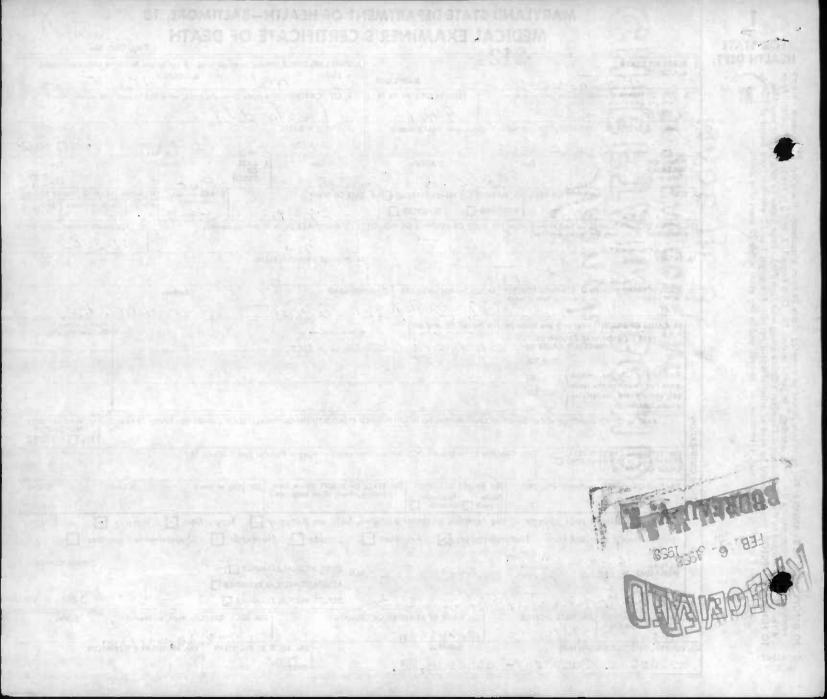
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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- (1	Fui	1.3	U	1)

-		0401		Reg. Dist. No.						
1. PLACE OF DEA	ATH	212	ż.	2. USUAL RES	IDENCE (Where dece	osed lived. If institu	ution: Residence	before admission)		
. COUNTY	nontame	41	MARYLAND	o. STATE	mel	b. COUNT		ta		
	WN III outside corporate limits.		c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If outside co	orparate limits, write	RURAL and give	e negrest town)		
and give pear	releville	4	9 m	26 R	ochre	le				
d. NAME OF H	HOSPITAL OR INSTITUTIO	N (If not in hos	pital, give street address)	d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM?		
203	Beach	Cur		11 50	13 Be	all a	NE	YES NO P		
3. NAME OF DECEASED (Type or print)	9000	First	Middle	Lost	4. DATE OF DEATE	H FL	th D	oy Yeor 1958		
5. SEX	6. COLOR OR RA	CE 7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TYE			
mai	e white	WIDOWED	DIVORCED [1-29	- 12	46 yes.	Months Doys	s Hours Min.		
100. USUAL OCC	UPATION (Give kind of working life, even if retir	ork done 10b. K	CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLA	ACE (State or foreign	country)		OF WHAT COUNTRY		
1 -00 0 .	Chewin .		auto)	nd		91-	S. C.		
13. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAME					
Le	wis Bo	ullon			uknon	n				
15. WAS DECEAS	SED EVER IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	5	0		
no	(11 / 12 / 13 / 13 / 13 / 13 / 13 / 13 /	5	77-10-810461	aren E.	Butt -	R-1- R	ocherly	mi		
18. CAUSE C	F DEATH [Enter only one	couse per line	far (a), (b), and (c).]				11	NTERVAL BETWEEN		
PART	I. DEATH WAS CAUSED 8		runary o	extur	en			4 hus		
420	A		1							
Conditions	if ony, which }									
gove rise to	immediate couse	(b)	· · · · · · · · · · · · · · · · · · ·							
(a), stoting	the underlying	(c)								
	II. OTHER SIGNIFICANT		ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 1(0	PERFORMED?		
15 - EVET DV	41 C4465 W/46	Tool Breenie	E HOW INDUSTRIAL	(F.)	1 1	M - 6 Co - 200 A		YES NO 🗵		
PRIMARY CAUSE OF D	AL CAUSE WAS or CONTRIBUTING [] DEATH.	20b. DESCRIBI	E HOW INJURY OCCURRED. (enter noture of in	jury in Port 1 or Port	IT Of Hem 18.)				
S 20c. TIME O	F INJURY Month, Doy		f	ACE OF INJURY (H	Home, form, 20f. (C	ity or town)	(County)	(State)		
20c. TIME O Hour	o. m. p. m.	19 While	e Not while ork of work	tory, street, office	biog., etc.)					
	ify that I took cho	rge of the	remoins described ob	ove, held an	Autopsy [],	Inspection 🗷	, Inquiry	区, ond in my		
opinion d	eoth resulted from	: Naturol (couses X, Accident	, Suicide	e [], Homicic	de [], Undet	ermined man	nner 🗌		
ACTUAL	De- 10	12		CHIEF N	MEDICAL EXAMINER			DATE SIGNED		
SIGNATURE	Sum	-12m	zeneu	m.D.	NT MEDICAL EXAMI					
EXAMINER' NAME (Type		J. B.	rosch 2xt		MEDICAL EXAMINER	0	2-1-	58		
220. BURIAL, CRI	EMATION, 22b. DATE THE	EREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOC	CATION (City, town,	or county)	(Stote)		
Buria	1 2/8/5	8	Parklawn			KVille I	Marylar	3.d-		
	RECTOR'S SIGNATURE		ADDRESS		24a. REC'D BY REG		ISTRAR'S SIGNA	TURE		
Rober	t A. Pumph	rey-Be	thesda, Md.		DATEB 6 '5	8 (1000 (



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ashton d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T Montgomery County General Hospital. Inc 4. DATE Lost Month Year Day OF DEATH February 10 19 Augustus Bond IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Min. yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME Rachael Bond 17. INFORMANT Address Annie Rond Same INTERVAL BETWEEN ONSET AND DEATH 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO KHETERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) 19.5 Sthat I last saw the deceased and that death accurred at 9:00 PM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED -Alney - Maryland 22a. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 240. RECID, BY REGISTRAR rolly Rockville, Md.

DATE

0 15M 9/55

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		D.F. Carl and Jacus Advent Committee
	back.	nafasaria garitri
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	Const. Desti of Sector	
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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. Arrite RURAL and give nearly flown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) Doods bolers d. NAME OF HOSPITAL (If nat in haspital, give street oddress)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO NAME OF First Middle 4. DATE Lost Yeor DECEASED OF DEATH (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months Days Hours WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) TIREO mer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 17. INFORMANT 207 16. SOCIAL SECURITY NO. Address 16. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Canditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 1/19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased from Floridam 21, 1958, to fruerile 1988 that I last saw the deceased alive on February , and that death accurred at 6, 5 5 AM, from the causes and an the date stated above. ADDRESS (Street, city of town, stole) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LQ6ATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE R 3 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No.

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RTABO ROLSTAUTHTED

BUREAU V. S.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 shows be detached for use as the burial-transit permit. Then please remaye carbon pages? I and 2 should be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No) 2102

	1. PLACE OF DEATH	ntamen	,,	MARYL	11 .	USUAL RESIDENCE D. C.	(Where decease	d lived. If institut b. COUNT		e before a	dmission)
	b. CITY OR TOWN (If RURAL and give new Silver Sp:	arest town)	s, write c.	LENGTH OF STAY IN	N 1b	c. CITY OR TOWN	(If outside corpo		RURAL ond gi	ive nearest	town)
	d. NAME OF HOSPITA OR INSTITUTION Home of				14	d. STREET ADDRES	is				S RESIDENCE ON A FARM? ES NO
	3. NAME OF DECEASED (Type or print)	John	st	Middle T Brin	nkley	Last	4. DATE OF DEATH	Мо	uarv	Doy 25th	Year
	5. SEX	100000000000000000000000000000000000000	7. MARRIED	NEVER MARRIED	8. D/	ATE OF BIRTH		9. AGE (In years lost birthday)	Months I	YEAR IF L	UNDER 24 HRS.
	Retired	ing life, even if retired	done 10b. KIN	-	INDUSTRY	11. BIRTHPLACE (S	itate ar foreign c	O2 yrs		ZEN OF W	HAT COUNTRY?
	John T B	tinkley			14	. MOTHER'S MAID	én name ca Mart	tin.			
1	15. WAS DECEASED EVER	IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INFOR				dress D C		
		y, which (b	Arte	congesti congesti rioscler neralize	otic	heart o	disease			ONSET /	AL BETWEEN AND DEATH
	CATIC	ER SIGNIFICANT CON							VEN IN PART	P	VAS AUTOPSY ERFORMED? S NO
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OC	CURRED. (Er	nter noture of injury	y in Port I or Par	t II of item 18.)			
	20c. TIME OF INJURY Hour o. 51. p. m.	Month, Day, Ye	While	URY OCCURRED Not while at work	Oe. PLACE (foctory,	OF INJURY (Home, street, office bldg.	form, 20f. (City , etc.)	or town)	(Co	ounty)	(State)
	21. I certify the alive on Fet actual signature Physician's NAME (Type)	ANGE M. F.	1258 Um OT	-,, and that co	leath acc		ADDRESS (S	n the causes treet, city or town	and an the		
	220. BURIAL, CREMATION REMOVAL (Specify) BUT121		,1958	Congre			22d. LOCA	TION (City, town, shingt)	on D.C		(State)
	23. FUNERAL DIRECTORS		ashin	ADDRESS eton D.C.		24o.	REC'D BY REGIS		HISTRAR'S SIG		^



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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2143 **CERTIFICATE OF DEATH**

Peg	Dist No	1	03
Keg.	DISIT LAN		1 1 1 2

o. COUNTY	Montgomer	.y	MARYL	AND	o. STATE Maryla		b. COUNTY		tgomer		
RURAL and give ne	f outside corporate limi carest town) Bethesda	ts, write	c. LENGTH OF STAY I	N 1b	Chevy Cha		orale limits, write R	URAL ond giv	e nearest tow	n)	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g Suburban 1			d. STREET ADDRESS 4808 Lela		IS RESIDENCE ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print)	Frank	Middle Benjan	Broun e r	ruary	7 1958						
5. SEX Male	White	WIDOWED		0	B. DATE OF BIRTH September 9,		9. AGE (In years last birthdoy) 63 yrs.		YEAR IF UND	ER 24 HRS. Min.	
Head Cle	N (Give kind of work ing life, even if retired PK	done 10b. K	IND OF BUSINESS OF thern Rail		Washington				S.A.	COUNTRY?	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N						
	in Neff Bro			,		erine	Martin				
1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR	ervice	8-10-567	1	la V. Brouner	-wife	Add	Same			
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	n/	for (o), (b), and (c).]	lia	Lenfar	retu	oa .		INTERVAL BE	DEATH	
	Conditions, if any, which gove rise to immediate (b)									28 hou	
couse (o), stoting lying couse lost.	the <u>under</u> DUE TO)									
PART II. OTH Browch 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	SIGNIFICANT CON	ONL	Sy brow	TH BUT	NOT RELAXED TO THE TERMI	INAL DISEAS	SE CONDITION GIV	EN IN PART 1	PERFC	AUTOPSY ORMED?	
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC!	RIBE HOW INJURY OF	CURRE	D. (Enter noture of injury in	Port 1 or Por	rt II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	20d. IN. While of work	Not while	20e. PLA	ACE OF INJURY (Home, form tory, street, office bldg., etc	n, 20f. (Cit	y or town)	(Cou	enty)	(Stote)	
21. I certify the	at lattended the	decease	-0/	-d4L	occurred at	24		Sthat I la			
ACTUAL SIGNATURE	Melons	0	Thereol	deain			itreet, city or town,		dote state	ATE SIGNED	
PHYSICIAN'S NAME (Type)	Ylen J	1. E	Well	1 N	n Bei	the	da	M	1		
220. BURIAL, CREMATIO REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR	2/10/58	1000	22c. NAME OF CEME Cedar H		Cemetery	Su D BY REGIS	ITION (City, town, of itland, TRAR 245, REGIS	or county) Mary STRAR'S SIGN		e)	
RobertoA.	Pumphrey	Be	thedda, I	Mar.	yland DATE FE	B10 '	58 Ru.	Labour	h		

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02104 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremoticn. necessary, please exertar. Page 4 should be Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN IIf outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 0 Ø d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 3 Rat 6 YES NO NAME OF Middle DATE Lost Month Day Year DECEASED OF (Type or print) DEATH 1958 5. SEX 6. COLOR OR RACE 7. MARRIED TT 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Hours Min. Days WIDOWED [DIVORCED Yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None None 13. FATHER'S NAME MOY 14. MOTHER'S MAIDEN NAME Poges 40 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address within Give Same Item #2 No None PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO .⊆ Conditions, if ony, which pencil along gove rise to immediate cause DUE TO (o), stating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES Z NO T Exominer 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) pe PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. pluods 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) writing the with hief Medical E factory, street, office bldg., etc.) Hour While Not while o. m. p. m. ot work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry o the Chief death resulted fram: Natural causes 12. Accident . Suicide . Homicide . Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER -18-5 DEPUTY **EXAMINER'S** JOSCH Zr farward PUNER NAME (Type) DEPUTY MEDICAL EXAMINER cute 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 19 /1958 Arlington National Burial Rockville Maryland 240. REC'D BY REGISTRAR ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Robert A. Pumphrey-7557Wis, Ave. Bethesda, Md 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FOR STAFE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the prificate, writing the ward "pending" in pendi is them. 18. Give Pages 1, 2, and 3 to the four director. Page 4 should convarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1		WE	BICA	LE EXAMINER	R'S	CER	ΓIFIC	ATE	OF	DEATH	Re	g. Dist.	219)5
1	PLACE OF DEATH	Montgomer	7	MARYLAN	- 11		RESIDENCE Mar			sed lived. If ins b. COU	NITY -	Residence b	efore od	mission)
)	b. CITY OR TOWN and give nearest to Olney	(If outside corporate limits, writen)	RURAL	c. LENGTH OF STAY IN	1b	c. CITY	On tow		Iside cor	porote limits, w	ite RURA	L ond give	neoresi 1	town)
		ITAL OR INSTITUTION (lf not in h	ospital, give street address)		d. STRE	ET ADDRE	-					01	RESIDENCE N A FARM?
	3. NAME OF DECEASED (Type or print)	Stanley		Middle Brown	***********		Lost	4.	DATE OF DEATH	Feb.]	onth	Do;	1	Year
1	s. sex Male	6. COLOR OR RACE	7. MARE	NEVER MARRIED		ATE OF B	24	19	04	9. AGE (In year fast birthday)	-	NDER TYEAR	Hours	DER 24 HRS.
	during most of work	ting life, men I talited)		KIND OF BUSINESS OR IND etail Groce	ry		Md.			country)	12	USA	OF WHA	T COUNTRY?
	13. FATHER'S NAME Hen:	ry S. Brown					er's maid			on				
	15. WAS DECEASED E	(If yes, give war or dotes of		577.05.4051	7. INFO		ife		San	ne As	_	•		
	Conditions, if gove rise to imm (o), stating the couse lost.	rediote couse		Coronar	у о	celus	sion						sudd	en
	PART II. O	AUSE WAS ONTRIBUTING 20		ENTRIBUTING TO DEATH BI							GIVEN IN	PART I(o)		ORMED?
- 1	20c. TIME OF INJ	1.	Wh		PLACE	OF INJU	RY (Home, ffice bldg.	form, ., etc.)	20f. (City	y or town)		(County)		(Slote)
				remoins described of causes , Acciden			on Aut			nspection <u>f</u>	med "	quiry E	4.	nd in my
	ACTUAL SIGNATURE	Frank !	7/	mortan		M.D.	EF MEDIC		-					SIGNED
	EXAMINER'S NAME (Type) 220. BURIAL, CREMAT REMODIAL TO	Frank J. Br ION. 22b. DATE THERECE 2/22/)F	22c. NAME OF CEMETERY Salem Meth		REMATOR	UTY MEDI		2d. LOCA	TION (City, tow	n, or cou			ote)
	23 FUNERAL DIRECTO			tonsville,	Md			REC'D &	Y REGIST			's SIGNATI	JRE	

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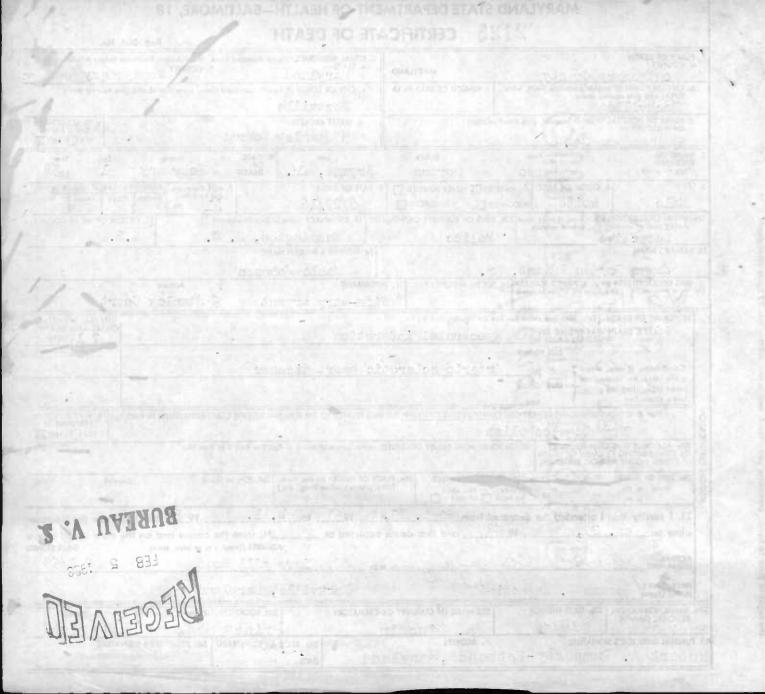
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the hospital or attending physician. TO FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shows be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
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M	1	1. PLACE OF DEATH o. COUNTY Montgomery County MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Montgomery						
old be		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
o. COUNTY Montgomery County Maryland b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ROCKVILLE d. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION 5 Stanley County Middle d. NAME OF HOSPITAL (if not in hospital, give street oddress) Stanley County 5 Stanley County Middle (lype or print) James Gordon Bryant, Jr. of Death Middle (lype or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Middle Middle Middle Bryant, Jr. of Death Maryland c. CITY OR TOWN (if outside corporation is more of death of service) Middle Lost Bryant, Jr. of Death Maryland c. CITY OR TOWN (if outside corporation is more of death of service) Middle J. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Middle Maryland c. CITY OR TOWN (if outside corporation is more of death of service) Middle Lost Bryant, Jr. of Death Maryland c. CITY OR TOWN (if outside corporation is more of death of service) Middle Lost Bryant, Jr. of Death Maryland c. CITY OR TOWN (if outside corporation is more of death of service) Middle Lost Bryant, Jr. of Death Maryland c. CITY OR TOWN (if outside corporation is more of death of service) Maryland d. STREE ADDRESS 5 Stanley County Bryant, Jr. of Death Middle Bryant, Middle Maryland C. CITY OR TOWN (if outside corporation is more of death of service) Maryland A. DATE Off OF Death Middle Bryant, Middle Bryant, Middle Maryland C. CITY OR TOWN (if outside corporation is more of death of service) Maryland Death Middle Maryland C. CITY OR TOWN (if outside corporation is more of death of service) Maryland Maryland C. CITY OR TOWN (if outside corporation is more of death of service) Maryland C. CITY OR TOWN (if outside corporation is more of death of service) Maryland C. CITY OR TOWN (if outside corporation is more of death of service) Maryland C. CITY OR TOWN (if outside co		OR INSTITUTION	ONLA FARMS						
		3. NAME OF First Middle	Lost 4. DATE Month Day Yeor						
ii D									
		Male white widowed DIVORCED	6/29/16 last birthdoy) Months Doys Hours Min.						
1. P.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDI-	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY						
- 6 (<u>Detective</u> Police	Washington, D. C. U.S.						
The second	1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
2 5			Mable Johnson						
ğ		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.							
72		NO	Wife-Mary Bryant 5 Stanley Court						
× in	1	PART I. DEATH WAS CAUSED BY:	arction Interval Setween ONSET AND DEATH						
e de		11:200	arction ? 1 week						
in any		gave rise to immediate couse (a), stating the under-	tic heart disease						
oval, a	0	E 000	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IN INC.						
on, or rem		20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)						
cremation		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. p 19 While of work of work for work of the control of the	LACE OF INJURY (Home, form, octory, street, office bldg., etc.) (City or town) (County) (Slote)						
the registrar prior to burial, cremation, or removal, and	1	actual SIGNATURE SIGNATURE Curafarin	h occurred atM, from the causes and on the date stated above ADDRESS (Street, city or town, state) M.D. 809 Viers Mill Road 2/1/58						
gistrar	-	PHYSICIAN'S Herman C. Maganzini 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	Rockville, Maryland						
the re		REMOVAL (Specify) Rurial 2/4/58 Ft. Lincol 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	(Side)						
5 (Robert A. Pumphrey-Bethesda, Maryl	and DATE						



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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2147 **CERTIFICATE OF DEATH**

Reg. Dist. No.

50	1. PLACE OF DEA o. COUNTY Montgor		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Carolina							
	b. CITY OR TO	NN (If outside corporate limitive nearest town)	ts, write c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If o	utside corpora	ate limits, write RI	URAL and g	jive nearest t	own)
	Betheso	la	Sparta		83	X-3				
50	d. NAME OF H OR INSTITUT	OSPITAL (If not in hospital, g ION	ive street oddress)	d. STREET ADDRESS				e. IS	RESIDENCE N A FARM?	
-0	The Cli	nical Center	Bethesda 14	. Md.	None					□ NO 🏋
	3. NAME OF DECEASED	Fir			Lost	4. DATE OF	Man		Day	Year
	(Type or print)	Ruby		ther	Bullock	DEATH	Februa	ary	17,	1958
	5. SEX	7. MARRIED A NEVER MA	RRIED 🔲	B. DATE OF BIRTH	9	AGE (In years lost birthdoy)			NDER 24 HRS.	
	Female	White		RCED 🗍	October 28,	1/10	3) yrs.	Months	Days Hou	rs Min.
	during mast a	working life, even if refired		S OR INDU			intry)			IAT COUNTRY?
	Housev		None		Virginia			U.	S.A.	
					14. MOTHER'S MAIDEN N					
		Loving	6500 l		Bertie T					
1	(Yes, no. or unknown)	DEVER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	A 100 AC			ecord Addr			
	No		229=16-872 use per line for (a), (b), and		The Clinical	Center	, Bethe:	sda 11		BETWEEN
2	Conditions, gove rise cause (o), stellying couse PART II		Ureteral Corcinon DITIONS CONTRIBUTING TO 20b. DESCRIBE HOW INJURY	DEATH BUT		NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W.PEF	REFORMED?
	Haur o	. m. 19	While Not while of work at wark	fac	tory, street, affice bldg., etc.)			aunty)	(State)
Remo	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREM REMOVED (Sp. 10.4)	Donald M. V	Matkin, M.D.	at death	occurred of 5:17F M.D. The Clinic National I Bethesda 1 R CREMATORY T.S.T. Church	ADDRESS (Sire al Cen nstitu	the causes a set, city ar town, ter set of heyland-on (City, tawn, control of the control of the control of the causes of the ca	ind an th	2/18,	ated abave. DATE SIGNED

SERTIFICATE OF DEATH

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BUREAU V. S.

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Kemount-Burne 2-10 38 SALEM BAPTIST Chunch

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VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMOR	(E, 18

2149 CERTIFICATE OF DEATH

10 7 3 0	keg, Uist. No.
1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside proporate limits, write) c. LENGTH OF STAY IN 1b RURAL-and give negtest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Suburban	d. STREET ADDRESS. J. S. COMSIN QUE, M.W. YES NO DE
3. NAME OF DECEASED (Type or print) TOSEPHINE G Middle BL	LOST 4. DATE Month Day Yeor OF DEATH 2 14 1958
5. SEX (I. COLOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDICATION OF WORKING life, even if retired)	District of Cohumbia 4.5A.
Withiam Malone	Margaret m Jamara
15. WAS DECEASED EVER IN U. S. ARMED FÓRCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	nFORMANT Helelin A Burrows Betterda
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH 25 Clary
Conditions, if ony, which) (b) aemeralenced in	erteriosclerosis
gove rise to immediate couse (o), stating the under-lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT S Arthree Sclerola, Reart	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY PERFORMED? PERFORMED? NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY PERFORMED? NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY PERFORMED?
	D. (Enter noture of injury in Port I or Port II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to for p. m. 19 of work at work at work	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc.) (City ar town) (County) (State)
21. I certify that lattended the deceased from Fl. alive on Feb. 13 19 58, and that death	19.56, to JULY 19.58, that I last saw the deceased accurred at 5.5 P.M. from the causes and an the date stated above.
ACTUAL SIGNATURE Millred Q. Skrangentraut	ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote) DATE SIGNED M.D. 4890 Battery Lane Betheade Md 2/19
PHYSICIAN'S Wilfred R. Ehrmantra	t M.D.
720. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF PRINCIPLE STATE OF CEMETERY OF CONTROL OF CEMETERY OF CEMETE	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)

ATTEMPT HER IL NOOF HE RESIDENCE FOR PARTY OF THE PARTY.



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irecter, ed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be remed by the haspital or attending physician.

VS A15 (4) 15M 10/57

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TO FUNERA RECTOR: After this certificate has been signed by the attending physician and campletely filled way the funeral di	page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be file	the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.	
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								wan. Dist.	140.	-
a. COUNTY	ontgomery		MARYL	AND	2. USUAL RESIDENCE o. STATE Mar	(Where decease yland	ed lived. If institution b. COUNTY	an: Residence	Man 1	nission)
RURAL ond give	(If autside carporote limi neorest town) (Rural)	s, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN	(If outside corp		URAL ond giv	e nearest to	awn)
U.S. Nava	PITAL (If not in hospitol, g 1 Hospital,	Be th	esda, Md.		d. STREET ADDRESS	5	on Ave.,		10	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Ka te		Middle Isabel		BUSCALL	4. DATE OF DEATH	Mon Febr	h uary	Doy 20	Year 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED DIVORCED	_	DATE OF BIRTH 24 August	1882	9. AGE (In years last birthdoy) 75 yrs.	Manths D	YEAR IF UN	
10a. USUAL OCCUPAT during most of wo Housewife 13. FATHER'S NAME	IION (Give kind of work or arking life, even if retired	lane 10b.	None	INDUST	Marylan 14. Mother's Maide	đ	country)	12. CITIZ		S .
George Li	ppert				Alive V.	Rose				
	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT	1000	Addi	ress		
No	(17) 13. (17 17 17 17 17 17 17 17 17 17 17 17 17 1		None	(Hu	sband) Dav	id C. F	suscall (S	Same As	#2)	
CAT	immediate g the under. DUE TO CC THER SIGNIFICANT CON	DITIONS C		IH 8UT N	OT RELATED TO THE TE			EN IN PART I	PER	S AUTOPSY FORMED?
	Y MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury	in Part I ar Pa	rt II af item 18.)			
20c. TIME OF INJU Haur a. m. p. m.	. 10	While at wark	Nat while	loe. PLAC	CE OF INJURY (Hame, f try, street, affice bldg.,	arm, 20f. (Cit etc.)	y or tawn)	(Cou	inty)	(Stote)
actual SIGNATURE	that I attended the February Butt Butt Burt C. John	19	ed fram 9 Feb 58 and that of Common LCDR, MC, USI	death o		ADDRESS (S	uayr, 19 58 m the causes a street, city or town, pital, Bet	ind on the stote) Thesda,	date sta	e decease nted abov DATE SIGNE 2-20-5
	ON. 226. DATE THEREO	f	22c. NAME OF CEMET Arlington			22d. LOCA	TION (City, Iown, o	or county)	(S	late)
23. FUNERAL DIRECTO W.E.Pumphi	r's signature rey, 8434 Geo	rgia	ADDRESS		24a. R	EC'D 8Y REGIS	TRAR 24b REGIS	FRAR'S SIGN		

ELECTION DATE RESERVE DE L'ANDIE DE L'ARTE L , EVENDED SELECTION Tic V. Dil THE PARTY OF THE P Company of the contract of the 1628 1621 - 1628 - 1628 - 1628 - 1628 - 1628 - 1628 - 1628 - 1628 - 1628 - 1628 - 1628 - 1628 - 1628 - 1628 - 1628 -是"是其他"的"是"。 "我们是"我们"的"我们"的"我们",我们是是一个"我们"。 "我们",我们是一个"我们",我们是一个"我们",我们们是一个"我们",我们

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2150 CERTIFICATE OF DEATH

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Reg. Dist. No. 215

1.	PLACE OF DEATH o. COUNTY Montgomer	У		MARY	LAND	0	JSUAL RESIDENCE (Whose state aryland	ere decease	d lived. If instituti b. COUNTY	an: Reside	ence befo	ore admiss	sion)
1	b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	its, write	c. LENGTH OF STAY	IN 1b	(CITY OR TOWN (If o	utside corpo	prote limits, write R	URAL ond	give ne	arest tow	n)
L	Bethesda	(Rural)		19 days		S	ilver Sprin	ng	56				
	d. NAME OF HOSPITA	AL (If not in hospital, g	give street	address)			d. STREET ADDRESS		(10 3		e. IS RES	SIDENCE FARM?
L	U.S. Nava	1 Hospital	NNM	Bethesda	Md.	3	515 Briggs	Chan	nev				NOW [
3.	NAME OF DECEASED	Fir		Middle			Lost	4. DATE	Mon	th	Do	ly	Year
L	(Type or print)	Char	les	Nunnal	Llv		CHASE	OF DEATH	Februa	rv	3	230 100	19 58
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲	8. DA	TE OF BIRTH		9. AGE (In years	IF UNDE			ER 24 HRS.
	Male	White	WIDOWE	DIVORCE	D	28	February 7	1908	lost birthday)	Months	Days	Hours	Min.
10	a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS C	R INDU	STRY	11. BIRTHPLACE (State		country)	12. C	ITIZEN C	F WHAT	COUNTRY
	doring most of work	ing the, even if retired	'				West Vira	าำทำล		1	J.S.		
13	FATHER'S NAME					14.	MOTHER'S MAIDEN N				V.D.		
1	Charles CH	ASE					Zelia NUT	TATAT	7				
15	. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO), 17. E	NFOR	MANT	WINSTILL.		S 7 176	or D	nrin	g, Md
1"		If yes, give wor or dates of s		known	19.	ict	er) Louise	Chace	RIGGAN	8710	Col	Serry .	170 D
F				ne for (o), (b), and (g).		100	CI / LOULBC	Ollabe		7115		ERVAL BE	
		H WAS CAUSED BY:	tes	alaxoti.	and		MUIAR,	rsd.	um'	470	ON	ET AND	
	1420.1	IMMEDIATE CAUSE (o		7 ware	000	-1	1000		5007-5		100	um	awa
	Canditions, if an	u which)	6										
1	gove rise to in	nmediate (
	lying cause last.	ne unger-											
Z		er significant con		ONTRIBUTING TO DE	ATH RUT	NOT	RELATED TO THE TERMII	NAI DISEAS	E CONDITION OF	CAL IAL DA	DT 1/-> 1	0 14/45	ALITOREY
CATION							KEDALED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EIA IIA LY	K1 1(0)	PERFC	DRMED?
II.	20g. ACCIDENT WAS	S UNDERLYING [7]	20h DESC	PIRE HOW INITIPY O	CCHIPPE) (Enl	ter nature of injury in P	Cost I or Pos	t II of item 18)			YES N	NO 🗌
CERTI	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINED		INDE NOT HOOK! O	CCORRE	J. (2.11)	net natore at injury in t	011101101	The or them 16.7				
	20c. TIME OF INJURY		nr 204 IN	JURY OCCURRED	20a PI	ACE O	F INJURY (Home, form,	205 (6:1					
MEDICAL	Hour a.m.	19	While	Not while	foo	tory,	street, affice bldg., etc.) 201. (CII)	y or rawn)		(County)		(State)
×	p. m.		at wark					1		_			
1	21. I certify the	at I attended the	decease	ed from 15 Je	inuar	<u> </u>	, 19 <u>58</u> , to 3 I	'e brua	ry , 19 5	Sthat I	last so	w the	decease
	alive an 3 F		_, 19/5	27_, and that	death	acci	urred at 4:20A	_M, from	n the causes a	ind on i	he da	te state	ed abave
	10	710	11	////	P		The first transfer of		treet, city or town,				ATE SIGNE
	ACTUAL SIGNATURE	. 4. >	700	ellen	2	M.D.	U.S. Naval	Hospi	ital, Beth	esda	Md.		
	PHYSICIAN'S			/									
	NAME Type) C	.U. SHILLI	NG LT	MC USN /			U.S. Naval	Homoj	Ital. Bet	hesda	bM.		
22	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. NAME OF CEMI	ETERY O				TION (City, town, o			(State	e)
F	Burial	2-6-58	0	Arlington	Nat	17				Virg:	inia		
23.	FUNERAL DIRECTOR'S	SIONATURE	Mres	ADDRESS		990			TRAR 24b. REGIS			RE	
W	E PUMPHR	EY.8434 GO	rgia	Ave Silver	Sm	rin	LEED C	'58	(doed	2	1		

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									Reg. Dis	it. No.		
1. PLACE OF D	EATH						here decease	ed lived. If instituti		ce before ad	imission)	
0. COUNT	Mon	tgomery		MARYLAND	0. 3	Mary	rland	b. COUNTY	Mo	ntgon	nery	
b. CITY OR	TOWN (If o	utside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. (ITY OR TOWN (IF	outside corp	orate limits, write R	URAL ond g	give nearest	town)	
Bethes				53 years	Bethesda ×							
OR INSTI	TUTION	(If not in hospitol, g		oddress)		street address 05 Bradl	ey Bo	ulevard	1	0	RESIDENCE	W2 -
3. NAME OF DECEASED (Type or pri	nt)	Juli	int a	Middle		Lost	4. DATE OF DEATH	Mon Februa		Doy 26	Yeor	58
5. SEX	16			RIED NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years		1 YEAR IF U		-
Female		White	WIDOW	***		. 19, 1888	3	70 yrs.		Days Ho		in.
HOUSE	CUPATION of warking	(Give kind of work g life, even if retired	done 10b.	KIND OF BUSINESS OR INDU		BIRTHPLACE (Stole	or foreign (country)		IZEN OF W	HAT COU	NTR'
13. FATHER'S N	AME					OTHER'S MAIDEN I	NAME					_
Tohn C	o atal	do			Ma	ria ?						
John C			RCES2 14	SOCIAL SECURITY NO. 17.	INFORMA			Add	7844			
No. or unknow	(II)	yes, give wor or dates of	service)				nilpot	t-Same I		2-Nie	ece	
IB. CAUSI	OF DEATH	[Enter only one co	ouse per li	ne for (o), (b), and (c).	- ,					INTERVA	L BETWEE	N
PAI		WAS CAUSED BY:	. +	ulmonou &	in 60	lesmi				ONSET	AND DEAT	TH
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Conditio	ns, if ony,		Con	evurus of t	1011	d 10,	reach.	n ==		160	nout	0
	e to imm	nediote		(a work of	w	Bu	1000			0	TOMP	7
	stoting the	under- DUE TO	,									
lying cou			c)									
CAT	rt II. OTHER	SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH BU	T NOT REI	ATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PART	PE	REPRESENTED)?
E 20g. ACCII	DENT WAS I	UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter	noture of injury in	Port I or Po	rt II of item 18.)				
	o. m. p. m.	Month, Day, Ye	While		LACE OF I	NJURY (Home, farn et, office bldg., etc	n, 20f. (Cit	y or town)	(C	County)	(Si	tote)
21. I cei	tify that	I attended the	deceas	sed from 9 12 5	6	19, to	2 24	178 19	that I I	last saw t	he dece	ease
olive on	0119	tlr8	19	, and that death	h occur	ed at	M fro					
(1		-/ 1	0 0 15				itreet, city or town,		ie dole s	DATE SI	
ACTUAL	Her	ver (, C	>12	offe My.	· 4	545 Con				bruar	v 26	1
PHYSICIAN NAME (Ty)	l'S To	mes A.	O'Ke	efe, M.D.		Vashingto			T.C.	DIGGI	1 20	2_=
							Teo Line	Tiple (d)				
Burral		3/1/58	,,,	Ft. Lincoln				TION (City, town, or George			(Stote) yland	i
23. FUNERAL D				ADDRESS				TRAR 246 REGIS				
Rober	rt A.	Pumphre	y-Be	ethesda, Md.		DARRID	2 158	19884	eluc	4		

may be retained by the hospital or attending physician.

O FUNERA

ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shows be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. ofter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO FUNERA

VS A15 (4) 15M 10/57

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Howest E. & Brightsy-Beingeln, md.



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2152 **CERTIFICATE OF DEATH**

										1 110.	
1. PLACE OF DEATH o. COUNTY MONT	GOMERY		MAR	rland	2. USUAL RESII o. STATE		ore decessed land	lived. If institut b. COUNTY		tgon	
b. CITY OR TOWN (If or RURAL and give neare BETHESDA		s, write	e. LENGTH OF STAY	IN 16		y Cha		ote limits, write f	RURAL ond gi	ve nearest	town)
d. NAME OF HOSPITAL OR INSTITUTION RESMO	(If not in hospital, gi				/ d. STREET A 4207		emary	Street		0	RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type or print)	Firs A1	NIE	Middle PA	RKER	CR.	ABBE	4. DATE OF DEATH	Mor		Doy 15	Yeor 1958
female 6	7 700 1 to 0	7. MARR	DIVORCE		DATE OF BIRT	876		9. AGE (In years loss birthdoy) yrs.			INDER 24 HRS.
10a. USUAL OCCUPATION during most of working HOUS BWI.	(Give kind of work d life, even if retired) I C	one 10b.	KIND OF BUSINESS (OR INDUST		ACE (Stote		untry)		S.A	HAT COUNTRY?
13. FATHER'S NAME Thomas	Parker		,		14. MOTHER'S	-	Crabb	ре			
15. WAS DECEASED EVER IN (Yes, no. or unknown) (If ye	U. S. ARMED FORCES, give wor or dates of se		SOCIAL SECURITY NO		FORMANT RIE F.	Sne]	11- 46		gdrum		
Conditions, if any, gove rise to imm cause (a), stating the lying cause lost.	ediate DUE TO (c)	A	dvanced ONTRIBUTING TO DE		terio	sc/e		s, gen		10	yrst
Bronch	hopneum			E	491X	, INE TERMI	NAL DISEASE	CONDITION GI	VEN IN PAKI	PE	RFORMED?
20g. ACCIDENT WAS U OR CONTRIBUTING DA (IF EITHER, NOTIFY ME	INDERLYING CAUSE OF DEATH DICAL EXAMINER)	206. DESC	CRIBÉ HOW INJURY O	CCURRED.	(Enter nature o	of injury in F	Part I or Part	11 of item 18.)			
Y 20c, TIME OF INJURY Hour o. m.	Month, Day, Yea	While	Not while	206. PLAC focto	CE OF INJURY I	Home, form e bldg., etc.	, 20f. (City	or town)	(Co	ounty)	(Stote)
21. I certify that olive on	b15		Tond that	deoth (occurred of	21	ADDRESS (Str		ond on the	ost sow to dote s	tated above DATE SIGNED
220. BURIAL, CREMATION, REMONAL ISPECITY	22b. DATE THEREO 2/19/58		22c. NAME OF CEM Glenwo or		CREMATORY	9.5h	7 7 5 5 5 5 5 7 7	ION (City, town, shing to			(Stote)
23. FUNERAL DIRECTOR'S SI		2901 Wasl	Lith St.	N	N.		D BY REGISTR		STRAR'S SIGN		

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=	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
, u	. MEDICAL EXAMINER'S CERTIFICATE OF DEATH
u u	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
lo lo	Ont genery ASTRICT OF COUNTY Lambia
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
75	Washington Sanitarium + Hosp. 1026 7th SINE DC. YES NOB
	3. NAME OF DECEASED (Type or print) B. Middle B. Lost 4. DATE Month Day Year OF DEATH FERRILLARY 8 10 58
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF RIPTH 19. AGE (In years LIFUNDER LYEAR) IF UNDER 24 HRS
	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
	Laborer Anderson, S.C. U.S.A.
	13. FATHER'S NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (It yes, give wor or doles of service) (It yes, give wor or doles of service) Address Address Address Address
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),]
	PART I. DEATH WAS CAUSED BY: 50 P. J. A. T. R. S. S. A. T. R. S. S. A. T. R. S.
O'	8/2X DUE TO Conditions, if ony, which) (b) Crushed Chest-Bilaturel Callaboral laws
	gove rise to immediate couse (b) Crushed Chest - Bilateral Callapse flugg
	(a), stoting the underlying DUE TO
*	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
2	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [
	1200 EXTERNAL CALISE WAS 1200 DESCRIPT HOW INTERPLOY CONTRACT TO BE A LONG TO BE A
	CAUSE OF DEATH. Fell while attempting to border trush - Rangoven by truck
0 1 100	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 10e. PLACE OF INJURY (Home, form, local control) (County) (Stote) Hour o. m. While Not white foctory, street, office bidg., etc.)
15	The state of the s
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find the
	death resulted from: Notural couses 🔲, Accident 🔀, Suicide 🔲, Homicide 🔲, Undetermined cause 🔲.
	ACTUAL SIGNATURE TO PROSCHOOL DATE SIGNED
-	ASSISTANT MEDICAL EXAMINED [7]
remava	EXAMINER'S FLANK J. Broschart DEPUTY MEDICAL EXAMINER & 2-6-58
ב ב	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION: (City, lown, or county) (Stote)
	Buriae 2-13-3 Wordlawn Cemelery Washington D.C. 23-FYNERAL DIRECTOR'S SIGNATURE ADDRESS 1 24d. REC'D BY REGISTRAR'S SIGNATURE
5)	Talmer Funeral Home 412-1+ ot n.E. Wash, DATE, D
	175-1 ON APR 0 159 1 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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and by the attending physicermic. Then please remove in any event within 72 hours	may be refreed by the hospital ar attending physician. O FUNERA RECTOR: After this certificate has been signed by the attending physician and completel page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. P the registrar priar to burial, cremation, or remayal, and in any event within 72 hours after death.	fined by the attending physician and campletely filled by the other please remove carbon papers. Pages 1 and 2 sh in any event within 72 hours after death.	may be referred by the hospital or attending physician. TO FUNER. RECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
he attending physic hen please remove ent within 72 hours	he attending physician and campletel hen please remove carbon papers. Pent within 72 hours after death.	he attending physician and campletely filled by the please remove carbon papers. Pages 1 and 2 sh ent within 72 hours after death.	he attending physician and completely filled by the funeral din hen please remove carbon papers. Pages 1 and 2 should be file ent within 72 hours after death.
	cian and campletel	cian and completely filled by the carbon papers. Pages 1 and 2 sh is after death.	cian and completely filled by the funeral discording to across papers. Pages 1 and 2 should be file s after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page

HOSPITAL

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Regidence before admission) o. COUNTY o. STATE b. COUNTY omerca MARYLAND c. CITY Of TOWN (If outside corporate limits, write RURAL and give neglet lown) b. CITY OR TOWN (If outside co prote limits, write LENGTH OF STAY IN 16 RURAL and me nearest own d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION hetropolitan Ane YES NO NAME OF DECEASED Middle Month Doy Yeor (Type or print) DEATH 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 9. AGE (In years loss birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours DIVORCED | WIDOWED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14, MOTHER'S MAIDENTNAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. JINFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial Pressure DUE TO (b)Obstructive hydrocechalis day Conditions, if any, which gave rise, to immediate **DUE TO** couse (a), stoting the underlying couse lost. days @Pneumococcic meningitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.) ā Hour o. m. While Not while of work of work 21. I certify that Lattended the deceased fram. __, 19___,that I last saw the deceased and that death occurred at 2.40 P.M. from the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2-8-58 Mary's Cemetery Rockville Burial Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Bethesda DATE EFR 1

Montgomery Woutlower mignione / Bethesda of the tropolism fix. Suburban March 8, 1903 MSIJ Clavene Chapman Wester holy por per like

BUREAU V. S.

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BECEINED

1. PLACE OF DEATH a. COUNTY Mont b. CITY OR TOWN (I RURAL ond give ne Bethesda d. NAME OF HOSPITA OR INSTITUTION The Clin

NAME OF DECEASED (Type or print)

Male 10a. USUAL OCCUPATIO during most of work Railroad 13. FATHER'S NAME Aubrey 15. WAS DECEASED EVER No

> CAUSE OF DEA PART I. DEAT

Conditions, if ar gove rise to in cause (a), stating t lying cause last.

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

Cunningham Funeral Home

PART II. OTH

5. SEX

CERTIFICATION

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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page	may be relaized by the haspital or attending physician. TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director.	5 (4	7
- 6	3141 81	013	1

gomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Virginia b. COUNTY Alexandria							
outside corporate limits, write c. LE prest tawn)	17 days	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Alexandria.							
ical Center, Bethe	,	d STREET ADDRESS 304 South Columbus Street	e. IS RESIDENCE ON A FARM? YES NO THE						
First George	Middle Washingto	on Davidson 4. DATE Month OF DEATH February	Doy Yeor 20, 19 58						
6. COLOR OR RACE 7. MARRIED White WIDOWED			YEAR IF UNDER 24 HRS. Pays Hours Min.						
ng life, even if retired)	of Business or Indus		EN OF WHAT COUNTRY						
. Davidson	AL SECURITY NO. 17. IN	14. MOTHER'S MAIDEN NAME Cora L. Camben NFORMANT The Medical Recordaddress							
unkı		ne Clinical Center, Bethesda 14,							
M [Enter only one cause per line for H WAS CAUSED BY: MYC MMEDIATE CAUSE (a) DUE TO	(o), (b), and (c).]	des	INTERVAL BETWEEN ONST AND DEATH 12 Years.						
y, which (b) DUE TO									
er significant conditions <u>contr</u>	IBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	I(a) 19. WAS AUTOPSY PERFORMED? YES 57 NO						

20a. ACCIDENT WAS (IF EITHER, NOTIFY

M.D.

20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED While Not while of work of work p. m.

21. I certify that I attended the deceased from.

RICHARD K. SHAW

2-24-58

20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) factory, street, office bldg., etc.)

(County) (State) 58 to February 20 58, that I last saw the deceased

alive on February and that death occurred at 12:20 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL

February

The Clinical Center

Institutes of Health Bethesda 14 Maryland

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Fairfax Co., Va.

Mt Comfort ADDRESS

Alexandria, Virginia

24a. REC'D BY REGISTRAR

DATE SIGNED

(State)

CERTIFICATE OF DEATH

BUREAU V. E.

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 2159

Reg. Dist. No. (12119)

1. PLACE OF DEATH				1 2	USUAL RESIDENCE (W	/hara dacagray	Llived If institution	n. Paridone	hafara	admission)
a. COUNTY	MONTGOMERY		MARYLAN	31	o. STATE MARYL		b. COUNTY	MONT		
b. CITY OR TOWN	(If autside carporate limi	its, write	c. LENGTH OF STAY IN	ib	c. CITY OR TOWN (IF	autside carpa	rate limits, write R	URAL and gi	ve neares	st tawn)
	LVER SPRING		8 yrs.	5	6 SILVE	R SPRI	VG.			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS					IS RESIDENCE ON A FARM?
	LO, LO2 GEOR	GIA A	VENUE	1	10,402 G	EORGIA	AVENUE			YES NO M
3. NAME OF DECEASED	Fir		Middle		Last	4. DATE	Man	th	Day	Year
(Type ar print)	DEN	A	T.	I	ELLENOCI	DEATH	FEE	3.	18	19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HRS.
FEMALE	WHITE	WIDOW	ED DIVORCED] 5,	/15/91		66 yrs.	Months [Days H	daurs Min.
10a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (State	e ar fareign co	Juntry)	12. CITIZ	EN OF	WHAT COUNTRY
HOMEMAKI		' (WN HOME		ITA	LY			U.	S.A.
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN	NAME				
TACK PAS	SSTATORE				CONSTANCE	PERRAI	VT.			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	7. INFO	0 4110 4141 014		Addr	ess		
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervice)	NONE	Ir. A	ntheny N.	Dellen	oci. 10,4	02 Ga	. Ave	е.
	ARIL Fo					SITVE	- Sprine	Md		
	ATH [Enter only one co ATH WAS CAUSED BY:	use per II	ne for (a), (b), and (c).	70 m	V R	1 . 6	.ń_	0 '		AND DEATH
PART I. UE.	IMMEDIATE CAUSE (a	1 (78	veralled	OFUL	sastases	to al	acounts t	wer	abo	ut Ima
175,0	DUE TO	a	100		0 4					,
Canditians, if	any, which)	Pa	sellary sel	each	2) CUSTORA	luo C	arcino	man	Und	known-
gave rise ta		0	lovary-		4					
lying cause last.	the under-		0							
Z PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERA	AINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19.	WAS AUTOPSY
ATIO									1	PERFORMED?
E 200 ACCIDENT W	AS UNDERLYING [20h DEC	CRIBE HOW INJURY OCCU	10000 /5		Dank to a Dank	H of the 18 t		- 1	ES NO
OR CONTRIBUTING	G CAUSE OF DEATH	200. 003	CRIDE HOW INJURY OCCU	KKED. (E	nter noture of injury in	ran I ar ran	ii dr item 15.j			
20c. TIME OF INJU	RY Manth, Day, Yes	ar 20d. I	NJURY OCCURRED 20e	PLACE	OF INJURY (Hame, far	m, 20f. (City	ar tawn)	(Co	unty)	(State)
20c. TIME OF INJU	19	While at war	Nat while	tactary	, street, affice bldg., et	c.)				
			0.7	1	-VA	# 11 11 0	2'	,		
#-T/L	hat I attended the	deceas		4	., 199 t, to 7	20-11	1952	₹,that I la	ist saw	the deceased
alive an_	4 X	, 19.5	and that de	ath ac	curred of 6130				date	stated abave
X	1 4	/ -	0 1			ADDRESS (SI	reet, city ar tawn,	state)		DATE SIGNE
SIGNATURE	quala 1	170	seeper, h	M.D.	1835 248	54.1	I, W. Was	h. D. C	7	26, 18,19
PHYSICIAN'S			9 1 1		4		,			7,
NAME (Type)	DONALD H.	LEPH	PER, JR.						- 44	
22a. BURIAL, CREMATIC	ON, 226. DATE THEREC)F	22c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCAT	ON (City town CO	r county)		
REMOVAL (Specify	2/21/5	8	GATE OF HE	CAVEN	CEMETERY	MONT	GOMERY CO	JUNTY,	MAR	YLAND
23 FUNERAL DIRECTOR		1	ADDRESS		240 050	D BY REGIST	PAR 24H PECIS	TRAR'S, SIGN	JATURE	
Wanner.	D. Tumps	Lucy	/ SILVER SE	PRINC	, MD. DATE	FEB 2 4	58 1000	1000	Cana	
			P		DAIL	0-				

may be retained by the hospital or attending physician.

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• ECTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotian, or removal, and in any event within 72 hours after death. may be retor

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Poge 4 VS A15 (4) 15M 9/55 CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9150

CEDTIEICATE OF DEATH

02120

	410i	CERTIFICA	AIE OF DEATE		Reg. Dist.	No.
1.	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryland	nere deceased lived. If institut b. COUNTY		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write I	RURAL and give	nearest town)
	Olney	1 day	X Rural - D	amascus		
	d. NAME OF HOSPITAL (If not in hospitol, give street or institution Sharon Nursing	Home ¹¹	/d. STREET ADDRESS R.F.D. M	t. Airy		ON A FARM? YES NO.
3.	NAME OF First	Middle	Last	4. DATE Mo	nth	Doy Year
	DECEASED (Type or print) Marv	A. De	nnv	4. DATE Mo	1	1958
5.	-48,3		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 Y	EAR IF UNDER 24 HRS.
	Female White WIDOW	DIVORCED	Nov. 11.187	5 last birthday) 82 yrs.	Months Da	ys Haurs Min.
	DUSUAL OCCUPATION (Give kind of wark done 10b. during most of working life, even if retired) Retired Stenographer	KIND OF BUSINESS OR INDUS	Baltimo		12. CITIZE	N OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME		
	William Denny		Mary Ha	mmond		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	FORMANT	Add	dress	
177	s, no, or unknown) (If yes, give war or dates of service)	M:	rs Gertrude	Drake. Mt.	Airy,	Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO	te for (a), (b), and (c).]	è condiova	scile drei	sse	INTERVAL BETWEEN ONSET AND DEATH
_	Conditions, if ony, which gave rise to immediate couse (o), stating the <u>under-lying cause last.</u> (b). DUE TO (c).					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GI	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
_	200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE). (Enter nature of injury in t	Part I or Part II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While p. m. 19	Not while foo	CE OF INJURY (Home, farm tory, street, office bldg., etc		(Cou	nty) (State)
	21. I certify that I attended the decease	ed from Nov 1	0 , 1955, 10 7	195	that I las	t saw the decease
	actual signature (anno).	and that death		ADDRESS (Street, circlor town	and an the	
	PHYSICIAN'S James P. Ker	r	Dame	ascus, Md.		
22c	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Feb. 4.1958	22c. NAME OF CEMETERY OF Prospect		22d. LOCATION (City, town, TOWSOn.		(State)
_	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 1246. REGI	STRAR'S SIGNA	ATURE
	Ulm L. Molesworth	Damascus	, Md. FEB	6 '58	/	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

. Emineral Control of Lan The first of the second of the 6EB 6 ofter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 to

TO FUNERA

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02121 Reg. Dist. No.

2160 **CERTIFICATE OF DEATH**

MARYLAND MONTGO MONTGO MONTGO MONTGO MONTGO MONTGO C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville							
RURAL ond give nearest town) Bethesda 14 days 26 Rockville	. IS RESIDENCE ON A FARM?						
De onesda 1 14 cm, 5	ON A FARM?						
	ON A FARM?						
OR INSTITUTION	YES NO						
The Clinical Center, Bethesda 14, Md. 5 Charles Street							
3. NAME OF DECEASED (Type or print) Joseph Owen Devlin 4. DATE Month Dog OF February 25	, Year 1958						
Tumo 22 1010 lost, birthdoy) Months Days	Hours Min.						
Mare will be a series of the s							
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Laboratory Research Virginia 12. CITIZEN OF Supervisor	·A .						
13. FATHER'S NAME							
Edward Devlin Mary B. Flannery							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address.							
No [14 yes, give wor or dorse of tervice] 579-09-1292 The Clinical Center, Bethesda 14, Ma	ryland						
The Cause of Deam for	RVAL BETWEEN						
PART I, DEATH WAS CAUSED BY:	T AND DEATH						
FOIL	days						
38/1 DUE TO							
conditions, if ony, which by Cirrhosis of the Liver, Lacruse type 6	Months						
couse (o), stoting the under DUE TO							
lying couse lost. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 15	. WAS AUTOPS						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 15 No No. 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONT	PERFORMED?						
200. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote						
Hour o. m. While Not while factory, street, office bldg., etc.}							
21. I certify that I ottended the deceosed from February 11, 1958, to February 25, 1958, that I last so							
that I last so	w the deceo						
alive an February 25,, 19 58, and that deoth occurred of 7:35 P.M. from the couses and an the dot							
ADDRESS (Street, city or lown, state)	DATE SIGN						
SIGNATURE BOMAND KIMAN M.D. The Clinical Center	2/26/58						
PHYSICIAN'S National Institutes of Health							
NAME (Type) Bernard Kliman, M. D. Bethesda ll. Maryland							
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county)	(Stote)						
Burial 3/1/58 Parklawn Cemetery Rockville, Maryl	and						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
Robert A. Pumphrey Bethesda, Maryland PAMAR 3 '58 Que Leauch							

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C. Gartner.

Ernest

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montg c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) (Rural e. IS RESIDENCE ON A FARM? YES P NO Month Day Year 17th 1958 IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Days 12. CITIZEN OF WHAT COUNTRY? S Address Carroll M. Diamond. Gaithersburg. Md. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO D (County) (Stote) 11-17, 19 Sthat I last saw the deceased and that death occurred at 11 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town) of county) [[Stote] 24b. REGISTRAR'S SIGNATURE Gaithersburg. Md. DATE EB 2 4 '58

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21	00	CERTIFICATE	OF	DEATH

_	14 W M A	Keg, Dist. No.
1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	MARYLAND MARYLAND	o. STATE STULL COUNTY Into IMPY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown)
1	RURAL and give nearest town) TOKOMA FORK Md. 15 CAVS	156 Cluer Caning
-	d. NAME OF HOSPITAL (If not in haspital, give street pddress)	d. STREET ADDRESS e. IS RESIDENCE
	Was hington Sanitarium	1430 Highland Drive YES NOW
3.	NAME OF DECEASED (Type or print) TO SEPT	Dolan Joseph Jos
5.	SEX GOLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (In years left UNDER I YEAR IF UNDER 24 HRS. lost birthday) yrs. Manths Days Hours Min.
10	O. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	
1	Bank divertive	New Jersey 45A
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John F Dolan	Rose Crawtind
		INFORMANT / Address
L	(e1. no for unknown) (If yes, give wor or dates of service) 217–16–0085	chart-admissim rechd
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	9 INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Meloscol	a Carenona
	162,1° DUE TO	
	Conditions, if ony, which) (b) Browello	aline Corcinona (Rt) -
	gave rise to immediate	
	lying cause lost.	V
Z	(0)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATION	arteria selection	PERFORMEDZ
		The New YES NO DA
CERTIF		ED. (Enter nature of injury in Part I or Part II of item 18.)
CAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. P.	LACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)
MEDI	Haur a. m. p. m. 19 While Not while of work of work	actory, street, office bldg., etc.)
		7 10 57 - 1 17 10 57 1 11
	21. I certify that I attended the deceased fram.	19.2 f, to the deceased
	alive on, 19_8 and that death	h accurred at 2. M, from the causes and an the date stated above.
	ACTUAL RAPER BBs	P MADDRESS (Street, city or lawn, state) DATE SIGNED
	SIGNATURE STORES OF SELLEN WE	M.D. 9241 Col. 0260 2/17/58
	PHYSICIAN'S J. Marion Bankhe	ad silvey med
	226. NAME OF CEMETERY CONTONES 2/21/58 FT. LINCOLN M	
23	FUNERAL DIRECTORIS SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
14	Laurer & Rumphreff, SILVER SPRI	NC MD
		DATEFER 2 4 158 PAGE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page.4 may be regarded by the haspital or attending physician.

TO FUNER RECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

SERVE CERTIFICATE OF DEATH

BUREAU V. E.

FEB S4 1958



death.

AAM .

FOR STATE
HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(I FULL	1	Ć,

02125

		(2163						Reg. Dis	st. No.	
1	PLACE OF DEATH	-	1100			2. USUAL RESIDENCE (V	/here decea	sed lived. If institu	tion: Resider	nce before o	dmissian)
4	o. COUNTY	Montgomery		MARYL	AND	o. STATE Marvl	and	b. COUNT	Anne	Arund	del
	b. CITY OR TOWN I	f outside corporate filmits, write	RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF		porote limits, write			
	end give nearest town	urtonsville				A PROPERTY.		Glen Burn	ie	2×-	
1		TAL OR INSTITUTION (f not in hosp	pitol, give street address)	d. STREET ADDRESS		GION BUIL			S RESIDENCE
2		Rt. 29					20	Crain High	way		ON A FARM?
13	B. NAME OF DECEASED	Fire	1	Middle		Last	4. DATE OF	Month		Doy	Yeor
	(Type or print)	Carl		Aus		Downs	DEATH	February	7	4	19 58
1	S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER I		NDER 24 HRS.
	Male	White	WIDOWED			March 1, 19]		ALC YES.	Months [Days Hou	rs Min.
1	On. USUAL OCCUPATION	ON (Give kind of work ong life, even if retired)	lone 10b. K	IND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPLACE (Stote	or foreign	country)	12. CITIZ	ZEN OF WH	AT COUNTRY
	propr		To	by shop		Marylane	1			U.S.A.	
	13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
1	Pf of	hard D. Dow	ne			Dora L.	Murra	v			
	15. WAS DECEASED EV	ER IN U. S. ARMED FOI	CES? 16. 5	SOCIAL SECURITY NO.	17. IN	ORMANT	Maria	Address			
	No. er entnown]	(If yes, give war or doles of a		14-24-8030	Q:	ngleton Fune	eral H	Iome, Gler	Burn	ie. Mo	3.
F		TH Enter only one cou			بدردا	HETO TOTT TWIN	2.40.20 1.	ione, dro		INTERVAL BE	
		TH WAS CAUSED BY:			a mb a	~~				ONSET AND	
V	2054	IMMEDIATE CAUSE (o)	THE	oracic hemmo	orna	ge					
1	Cardillari II	DUE TO		-1 - 1 - ab - ad-							
1	Conditions, if o	diote couse	cm	ushed chest						sudo	ien
1	(o), slating the	underlying DUE TO								1000	
	couse fost.) (c).		to accident	DILLY N.C.	OT RELATED TO THE TERMI					
	PARI II. OII			MINIBULING TO DEATH	BUTING	N KETALED IO INE IEKWI	NALDISEAS	SE CONDITION GIVE	EN IN PART	1(o) 19. WA	S AUTOPSY
	Fracture	of right a								YES K	NO
	Fracture Primary Dr of CO CAUSE OF DEATH.	NTRIBUTING []				ter nature of injury in Port					
						r involved i			it.		
	20c. TIME OF INJU	RY Month, Day, Yeo	20d. II While		factor	OF INJURY (Home, form y, street, office bldg., etc.)	20f. (Cit	y or lown)	(Cour	nly)	(State)
	3:00 p.m.	2/4/58 19	of wor			S. R. 29	Bur	rtonsville	3	Montg.	. Mc
1	21. I certify the	hat I taak charge	of the r	emains described	abov	e, held an Autapsy	T , 1	nspection ,	Inquiry	/П, «	and in my
	opinion death	resulted fram: N	latural c	auses []. Accide	ent X	, Suicide , I	łamicide	□. Undeter	mined m	anner [1
1		1 -	1								
1	ACTUAL SIGNATURE	tre-10	San	er hat		M.D. CHIEF MEDICAL EX	AMINER [E SIGNED
	J. O. I.	0	Chris			ASSISTANT MEDICA	L EXAMINE	Feb	ruary	5, 19)58.
	EXAMINER'S NAME (Type) To	rank J. Bro	schar	t		DEPUTY MEDICAL E					
2	20. BURIAL CREMATIC			22c. NAME OF CEMETER	RY OR C			TION (City, town, a	r county)	/5	lote)
	REMOVAL (Specify)	fol 8,	558	1/1/1	11.1	0 1	12-1	1	N.	1/2 /	, ,
2	3. FUNERAL DIRECTOR	'S SIGNATURE	,-0	ADDRESS	7/18/	Cemetery 26. REC'S	BY REGIST	TRAR 26 REGIS	TRAR'S SIGN	NATURE	•
	Py ding by	1							/	- 1	
	The state of	67			- 7	DATE	B 1 0	758 1 (20)	1281	1	
	-									~~~	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessory, please execute the gentificate, writing the ward "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the function director. Page 4 should provided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL SIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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BUREAU V. S.

· FEB 10 1958

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

B. W. UABBUR

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DECENALED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY files. MARYLAND b. CITY OR TOWN III outside corporate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town? your do b directar, far yaur d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 80 YES NO NAME OF Middle DATE Lost Month Doy Year DECEASED (Type or print) DEATH 19 after 5. SEX IFUNDER TYEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE In years IF UNDER 24 HRS. 5 may b lost birthday) Months Hours WIDOWED 3 DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Page 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if-retired) Claraner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address (If yes, give war or dates of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN alang PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit Office of DUE TO Conditions, if ony, which gove rise to immediate couse pending in p cal Examiner: weed as a bur DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO A YES | 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20f. (City or lown) (County) (Stale) factory, street, office bldg., etc.) While Not while 0. m at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection ... Inquiry A ond in my CTOR: opinion death resulted from: Natural causes , Accident . Suicide . Homicide . Undetermined monner REC DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER execute the 4 shauld 5 FUNERAL EXAMINER'S desi DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 10 5 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 2/57 DATE

8987 8 F 834

director.

Baer

Page 5

in pencil in Item 18. Give Pages 1, ner's Office along with form PM3. P burial stransthermit. File pages 1

Chief Medical Examiner's should be seed.

prifficate, writing the prwarded to the Chi NRECTOR: Page 3 sh

MEDICAL

DEPUTY

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

112128

2/20/58

MACRICAL EVAMINED'S CERTIFICATE OF REATH

2101	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montg
b. CITY OR TOWN [It outside corporate limits, write RURAL and give pearest town) Park c. LENGTH OF STAY IN 1b 40 yrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 7625 Maple Ave	d. STREET ADDRESS ON A FARMS VES NO NO. 15 RESIDENCE ON A FARMS VES NO NO.
3. NAME OF DECEASED (Type or print) Frank V. Eastman Middle	Lost 4. DATE of Feb. 199, 1958 Day Year 19
5. SEX male 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8 WIDOWED 1 DIVORCED 1	OCT, 8, 1874 9. AGE (In years In UNDER 14 AR IF UNDER 24 HR. Months Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INVERPOLIS, MINN USA
JOHN BIELSTHAN	ALICE HOLLER
	NFORMANT Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	interval between obset and peat found dead at home
Conditions, if any, which gove rise to immediate couse (b) stations the underlying DUE TO	

couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?

YES T NO I 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)

CERTIFICATION PRIMARY | or CONTRIBUTING | MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) factory, street, affice bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour a.m. While Nat while al work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry X and in my

Suicide , Homicide , Undetermined manner opinion death resulted from: Natural causes , Accident ,

DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE

ASSISTANT MEDICAL EXAMINER Frank J. Broschart **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY

246_REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

VS. A15ME 5M 2/57

10

REMOVAL (Specify)

		Caracteric 1989
and the same of	.10	100

MEB 52 1828

BUREAU V.

2165

CERTIFICATE OF DEATH

02129

Dia No.

	73.2	00	4						R	eg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Montgomery		MARY	LAND	2. 1	District	of	column	institution: OUNTY	Residence I	before odmi	ission)
	If outside corporate limits, w	vrite c	LENGTH OF STAY	IN 1b	-	CITY OR TOWN (If ou				AL and give	nearest for	wn)
Bethesda	eoresi iown)		333 days			Washingt	on		24	17x =	3	
OR INSTITUTION	TAL (If not in hospital, give			W		d. STREET ADDRESS	D	1	NI T.T		ON	ESIDENCE A FARM?
	ical Center,	Beri		MG.		4122 Eme	ry P	race,	Ne W	e	YES [□ NO □X
3. NAME OF DECEASED (Type or print)	Pavid David		Middle Hobso			Edgin	4. DATE OF DEATH		Month Febr	ruary	Day 3,	Year 19 58
s. sex Male		DOWED	DIVORCE		Ma	rch 6, 1899		9. AGE (Ir lost birt		UNDER 1 Y	EAR IF UNE	
10e. USUAL OCCUPATIO	ON (Give kind of work done king life, even if retired)	10b. KI	ND OF BUSINESS OF	R INDUST	TRY	11. BIRTHPLACE (Stote of	or foreign	country)	- 190	12. CITIZE	N OF WHA	T COUNTRY
Electricia			Electrical	1		Tennessee				U	J.S.A.	
13. FATHER'S NAME					14	MOTHER'S MAIDEN N	AME					
George M.	Edgin					Luella Ma						
	R IN U. S. ARMED FORCES!		OCIAL SECURITY NO.	17. IN	FOR	MANT The Medi	cal	Record	Address			
No			9-05-0329	Th	e	Clinical Co	enter	, Beth	nesda	14, 1	Maryla	and
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line Re	for (o), (b), and (c).	ry	4	Failure					INTERVAL BONSET AND	DEATH OYS
Conditions, if o		Pu	lmonar	4	/	Yetastas	es				14	re,
gave rise to it	mmediate (0				00.			-		2	
lying couse lost.	(c)	ca	rcmom	ra	7	2 Keet	un	,			24	25,
3 Ante	ter significant conditions of the selection of the select	ONS COI	Cardio	Va.	NOT OC	0 7	NAL DISEAS	SE CONDITION	ON GIVEN	IN PART 1(PERF	ORMED?
O (IF EITHER, NOTIFY	S UNDERLYING 20b	. DESCRI	IBE HOW INJURY OF	CCURRED	. (En	ter noture of injury in Po	ort I or Pa	rt II of item	18.)			
20c. TIME OF INJUR Hour o. m. p. m.	10	While _	URY OCCURRED Not while at work	20e. PLA	CE C	OF INJURY (Home, form, street, office bldg., etc.)	20f. (Cit	y or town)		(Cour	nty)	(Stote)
21. I certify th	at I attended the de	ceased	from March	1.7,		, 19 57, to Fet	ruar	y_3, 1	9 58	hat I las	t saw the	decease
alive on Feb						urred at 12:451						
	W 4/1/1/	0						Street, city o			0	ATE SIGNE
ACTUAL SIGNATURE	purt W. Mot	u		M	l.D.	The Clir	nical	Cente	er		2/3	3/58
PHYSICIAN'S NAME (Type)	Kurt W. Kohn	n, M.	. D.			National Bethesda				Healt	th	
220. BURIAL, CREMATIO REMOVAL (Specify)		8	22c. NAME OF CEME	TERY OR	CRE			TION (City.		Gunty)	(Sto	ole)
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS S/	03	il.	AN COMP 240 REC'D	BY REGIS	TRAR 24	REGISTR	R'S SIGNA	KTURE	
Cherry CA	have Jemil	Hen	re. No	sh	9	DATE FE	8 7	58	Men	-edu	ch	

may be relained by the haspital or attending physician.

Defined TRECTOR: After this certificate has been signed by the ottending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 tours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relatined by the haspital or attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the ottending physician and campletely filled by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carban pagers. Pages 1 and 2 should be filled with VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. 2166 HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY files. Heolth, b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN #f outside corporate limits, write RURAL and give negrest town) your do b d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 50 e. IS RESIDENCE ON A FARM? YES NO Z First Middle 4. DATE Month Year DECEASED (Type or print) DEATH ofter 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BUTH 5 may b 9. AGE |In years IFUNDER LYFAR IF UNDER 24 HRS. last birthday) Months WIDOWED A DIVORCED T 10a. AUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Poge 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Office DUE TO burial-tr Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying 0 cause lost. ding Exar PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Chief Medicol E NO 7 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20f. (City or tawn) (County) (Stale) factory, street, office bldg., etc.) While Not while 0 0 at work at work p. m. 21. I certify that I taok charge of the remains described above, held an Autapsy . Inspection . Inquiry . and in my apinion death resulted from: Natural couses 🖼, Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE Should FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. AURIAL CREMATION, 22b. DATE THEREOF 226 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Igwn, or county) 23. FUNERAL DIRECTOR'S SIGNATUR 240. REC'D BY REGISTRAR 24b. REGISTRAK'S SIGNATURE VS. A15ME 5M 2/57

MARYLANDS I MENDANIMAN DE HARIN-BATHMANS.

MEDICAL EXAMINERS CERTIFICATE OF BEATH

BUREAU V. E

8961 25 833

BECEIAED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES NO

(State)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

17

Days

U.S

(County)

Months

ON A FARM? YES NO

Yeor

19 58

		UNIVERSE ATTACK	
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Special Control of the Control of th			Vanta janav
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TI Sel	100		
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1.0 m	pared and colored		teurs areal Assistati
	p/110.0 would		Name and Additional
	the man party-rese		
BUREAU V.	ent Manager to beneat		
FEB 81 195			A STORY OF STREET
10-70-518			delia. A served process
DECENA		APE GETTOMEN TO	80/18/3

VS A15 (4) 1SM 10/57

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

ofter death: Page 4

MAR	YLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	2168	CERTIFICATE	OF	DEATH	

02132 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Montgomery
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Kensington	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (It not in haspital, give street address) OR INSTITUTION Kensington Gardens	d. STREET ADDRESS 6810 Meadow Lane e. IS RESIDENCE ON A FARM? YES \(\) NOX
3. NAME OF First Middle	GLER 4. DATE OF DEATH February 10, 1958 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White	B. DATE OF BIRTH 9. AGE (In years lost birthday) 1 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 1 26
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME Francisco Ginechesi	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. (1791. no. or unknown) (11 yes, give wor or dates of service)	NFORMANT Address erbert A. Engler-Same Item #2
Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse lost. DUE TO DUE TO (b) DUE TO (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING SAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED 20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 20e. PLA Hour q. m.	O. (Enter nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, affice bldg., etc.)
21. I certify that I attended the deceased fram. alive an Dec 24 1957, and that death ACTUAL SIGNATURE LUMB 1	occurred at 250 AM, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state)
Physician's Stewart Clapp, M. D. 220- Burial Specify 2/13/1958 Mt. Olivet	3921 Ingomar St. N. W. Wash. D. C. 2/11/195 R CREMATORY Z2d. LOCATION (City. lawn. or caunity) (Stote) Washington Dist. Col.
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-7557Wis. Ave. Beth	esda, M ChateFEB 1 3 '58

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2170 CERTIFICATE OF DEATH

Reg. Dist. No. 12135

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ACTUAL SIGNATURE				3. OFD	1 C D1 C C 19 2	that I last saw the deceased	
ACTUAL SIGNATURE C. C. L. SHILLING LT MC USN U.S. Naval Hospital, Bethesda, Md. 2-20- PHYSICIAN'S NAME (Type) C. U.SHILLING LT MC USN U.S. Naval Hospital, Bethesda, Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 2-25-58 Arlington Nat'l Cemetery Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D. BY REGISTRAR'S SIGNATURE	alive an 12	rebruary 19	2 ff, and that death				
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NAME (Type) C. U.S. HILLING LT MC USN V U.S. Naval Hospital, Bethesda, Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	SIGNATURE	- · · · · · ·	ung	M.D. U.S. Naval	Hospital, Bet	thesda, Md. 2-20-5	
NAME (Type) C. U.S. HILLING LT MC USN V U.S. Naval Hospital, Bethesda, Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	BUVEICIANIE						
Burial Specify 2-25-58 Arlington Nat'l Cemetery Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	NAME (Type)	.U.SHILLING LT	MC USN	U.S. Naval	Hospital, Bet	thesda. Md.	
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23. FUNERAL DIRECTOR'S SIGNATURE QUELLE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	RIM 18	2-25-58	The second secon				
246. REC CERTAINS SIGNATURE		1 17.1.					
w.w.Chambers, 1400 Chapin St., N.w. washington, D. Mare		11111111111111			FEB 2 4 58 246. REGIS	10	
	w.w.Chamb	ers, 1400 Chapir	I Du., M. W. Wash	TIE COIL DAME		John Kales	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2171 **CERTIFICATE OF DEATH**

02136 Pan Diet No.

	1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATMaryland b. COUNTY Montgomery			
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Perhapsia: Chevy Chase	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
0	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 4823 Leland St.	d. STREET ADDRESS 4823 Leland St. e. 15 RESIDENCE ON A FARM? YES \(\) NO.			
	3. NAME OF DECEASED (Type or print) L. First Middle Prescott	FISHER 4. DATE Month Doy Year DEATH Feb. 1, 1958			
1	Male White WIDOWED DIVORCED	B. DATE OF BIRTH Mar. 18, 1902: 9. AGE (In years left UNDER I YEAR IF UNDER 24 HRS. Months Days Haurs Min. 10 13			
	Oa. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRING TO STATE OF THE CAPTURE OF THE	11. BIRTHPLACE (Stole or foreign country) Rockville, Maryland U.S.			
	Geary A. Fisher	14. MOTHER'S MAIDEN NAME Mattie Connelly			
	The fact that are not on ones of ferrice)	Address Item #2 amille R. Fisher			
MEDICAL CERTIFICATION	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause last.	INFARCTION PUPTURED INTERVAL BETWEEN ONSET AND DEATH SMINUTES INFARCTION WITH ANEURYSM 6/2 YEARS			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO			
		D. (Enter nature of injury in Part I or Part II of item 18.)			
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED for the form of work of work 19 of work 19	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)			
	21. I certify that I attended the deceased fram Sept., 1951, to Fell 1, 1958, that I last saw the deceased alive an JAN 30 , 1958, and that death accurred at 50PM, fram the causes and an the date stated abave, ADDRESS (Street, city or lown, state) DATE SIGNED				
	PHYSICIAN'S P. P. ANDREWS M.D.	Washington 16 D.C. 3-2-38			
	120. BURIAL, CREMATION, 22b. DATE THEREOF 2/4/1958 St. Mary's Ce				
	Robert A. Pumphrey-7557 Wis. Ave. Bet	h. Md. DATER 5 158			

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VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH

2172

Reg. Dist. No.

S 1			
)		PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE OCUNTY OCUNTY
	ŀ	b. CITY OP OWN (If outside corporate limits, write RURAIS one prive nearest tayn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)
)	,	d. NAME OF HOSPITAL (Unnot inchaspital, give/street address) OR INSTITUTION	d. STREET ADDRESS 1204 Millon St. e. IS RESIDENCE ON A FARM? YES NO DE
	1	NAME OF DECEASED (Type or print) A HATT G. Middle	RANTZ 4. DATE Month Day Year OF DEATH FEB 2/ 1958
	5. 5	Jenule Thite WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Instrument Instrument
	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	13.	Mason & Gourley	14. MOTHER'S MAIDEN NAME Crunie E. Gibani
	(Tes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN NO. or unknown) NO None	Mrs Leng Wunkin Lebegy
,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-	Throulosis Interval Between ONSET AND DEATH School Jacker
	CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NO
		206. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 40c. m. 40c.	ACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State) tory, street, affice bldg., etc.)
1		21. I certify that Vattended the deceased fram day of alive on Jelin 20, 1958, and that death ACTUAL SIGNATURE A LOCKY	accurred at 816 PM, from the causes and on the date stated above. ADDRESS (Street, city or jown, state) DATE SIGNED DATE SIGNED
		PHYSICIAN'S ROBERT T. THIBADE	AU KENSINGTON MP 2-21-38
		BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 225-58 Druid Ridge C	(3000)
	23.	The S.H. Hiveolo. 2901-14	DATE FEB 2 4 '58 CONSTRAINED

MARYLAND STATE DEPARTMENT OF HEALTHACKE, 19



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No director death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE filed b. COUNTY out MARYLAND 7 2120 funeral b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) ploods ensington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Pusin Gordone 3. NAME OF 4. DATE Middle DECEASED ree u o (Type or print) DEATH teb 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS bistbdoy) Months Days WIDOWED [DIVORCED [popers. YES сошр 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during/most of working life, even if fetired) 0000 pup carbon ofter 13. FATHER'S NAME certificate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 6433 pZ-1 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 170 X DUE TO Conditions, if ony, which (6) gove rise to immediate per **DUE TO** cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o. m. While Not while 19 at work of work 1958 that I last saw the deceased 21. I certify that I ottended the deceased from and that death occurred at 1/ P. M. from the couses and on the date stated above. alive on ADDRESS (Street, city or town, stote)

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ACTUAL

PHYSICIAN'S

NAME (Type)

220. BURIAL, CREMATION.

REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

02

22b. DATE THEREOF

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

ON A FARM?

YES NO

Year

PERFORMED? YES NO

(Stote)

(Stote)

1958

22d. LOCATION (City, town, or county)

CERTIFICATE OF DEATH

BUREAU V. S.

FEB 10 1958

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2176 **CERTIFICATE OF DEATH**

02141

Reg. Dist. No

COUNTY MON	TGOMERY		MARYL	AND	o. STATE						
		ts, write	c. LENGTH OF STAY IN 3 hrs.	ч 1Ь	para y			ate limits, write	RURAL and giv	ve nearest	own)
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AME OF ECEASED (ype or print)	SUSAN	st	Middle EILEEN				4. DATE OF DEATH	Fel	onth /	Doy	Year 19.5 8
X CMALE	6. COLOR OR RACE WHITE		_				5	9. AGE (In years last birthday)	Months E		
NONE	ON (Give kind of work king life, even if retired	done 10b.	NONE	INDUST	WA	SHING!	ron, D	_			
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500× Conditions, if or gave rise to in	DUE TO ny, which ammediate the under-)	-				ion			ONSET A	ND DEATH
PART II. OTH	IER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION G	IVEN IN PART	PE	AS AUTOPSY REORMED?
IF ETHER, NOTIFY	MEDICAL EXAMINER)		CRIBE HOW INJURY OC	CURRED.	(Enter nature of	of injury in f	Part I ar Part	II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	While	Nat while					or tawn)	(Co	unty)	(Stote)
21. I certify the alive on	at I attended the	deceas , 195	and the same of th	death	occurred at	957	ADDRESS (Str	the causes	and on the	date st	ated above.
) and application can see application						
BURIAL, CREMATIO REMOVAL (Specify) BURIAL.	2/20/58	OF .									Stote) YL AND
		hee	SILVER S	PRIN	G, MD.	-			ISTRAR'S SIGN	IATURE	
	COUNTY CITY OR TOWN (I RURAL ON GIVE NO BETHES DA NAME OF HOSPIT OR INSTITUTION SUBURBAN AME OF ECEASED ype or print) EMALE USUAL OCCUPATIC during most of work NONE ATHER'S NAME LIBERT L. VAS DECEASEDEVE PART 1. DEA FART 1. DEA Conditions, if o gove rise to i catse (a), stoting lying couse lost. PART II. OTH CO. TIME OF INJUR HOUR O. M. P. M. 20a. ACCIDENT WA OR CONTRIBUTING IT EITHER, NOTIFY CO. TIME OF INJUR HOUR O. M. P. M. 21. I Certify the catse of the	COUNTY MONTGOMERY CITY OR TOWN (If outside corporate limit RURAL and give nearest fown) BETHESDA NAME OF HOSPITAL (If not in hospital, go RINSTITUTION SUBURBAN HOSPITAL) AME OF HOSPITAL AME OF ECEASED (IT NOT HOSPITAL) AME OF HOSPITAL (If not in hospital, go RINSTITUTION SUBURBAN HOSPITAL) AME OF ECEASED (IT NOT HOSPITAL) AME OF HOSPITAL (If not in hospital, go RINSTITUTION) SUBURBAN HOSPITAL AME OF HOSPITAL (If not in hospital, go RINSTITUTION) BUSIAL OCCUPATION (Give kind of work during most of working life, even if retired NONE ATHER'S NAME LIBERT L. FROST VAS DECEASED EVER IN U. S. ARMED FOR NO. or unknown) If yes, give wor or date of some of the control of the contro	COUNTY MONTGOMERY CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) BETHESDA NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SUBURBAN HOSPITAL AME OF ECEASED (Print) AME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SUBURBAN HOSPITAL AME OF FIRST SUSAN EMALE (ISUAN) COLOR OR RACE (ISUAN) WHITE (WIDOW) USUAL OCCUPATION (Give kind of work done of Unity of Color of Working life, even if retired) NONE ATHER'S NAME ALBERT L. FROST VAS DECEASEDEVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS (C) CONTRIBUTING (C) CAUSE OF DEATH (FEITHER, NOTHEY MEDICAL EXAMINER) POOR CONTRIBUTING (C) CAUSE OF DEATH (FEITHER, NOTHEY MEDICAL EXAMINER) COL. TIME OF INJURY Month, Day, Year 20d. II will be retired the decease of the company of the color o	COUNTY MONTGOMERY CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town) BETHESDA 3 hrs. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SUBURBAN HOSPITAL AME OF ECEASED SUSAN FILEEN AME OF ECEASED SUSAN EILFEN WHITE WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done) AUTHER'S NAME ALBERT L. FROST VAS DECEASEDEVER IN U. S. ARMED FORCES? IN ONE NONE ATHER'S NAME ALBERT L. FROST VAS DECEASEDEVER IN U. S. ARMED FORCES? IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if ony, which gove rise to immediate cause (a) If either, notify medical examiner) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) POR CONTRIBUTING CAUSE OF DEATH OF INJURY Month, Day, Year OR CONTRIBUTING CAUSE OF DEATH OF INJURY MONTH, Day, Year OR CONTRIBUTING CAUSE OF DEATH OF INJURY MONTH, Day, Year OR CONTRIBUTING CAUSE OF DEATH OF INJURY MONTH, Day, Year OR CONTRIBUTING CAUSE OF DEATH OF INJURY OF MARKED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ROBERT A. BIER BURIAL, CREMATION, ZOD. DATE THEREOF BURIAL ZOD. NAME OF CEMEI PHYSICIAN'S NAME (Type) ROBERT A. BIER BURIAL, CREMATION, ZOD. DATE THEREOF BURIAL ZOD. NAME OF CEMEI PHYSICIAN'S NAME (Type) ROBERT A. BIER BURIAL, CREMATION, ZOD. DATE THEREOF BURIAL ZOD. NAME OF CEMEI T. LINCOLIS TOWN THE STAY III A CLUBERT B. BIER T. LINCOLIS TOWN THERE STAY III A CLUBERT B. BIER T. LINCOLIS TOWN THERE STAY III A CLUBERT B. BIER T. LINCOLIS TOWN THE STAY III A CLUBERT B. BIER T. LINCOLIS TOWN THE TOWN THE THE TOWN THE THE TOWN THE TO	COUNTY MONTGOMERY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) BETHESDA NAME OF HOSPITAL (If not in hospital, give street address) SUBURBAN HOSPITAL AME OF ECEASED YEAR OF COLOR OR RACE WHITE WIDOWED USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE ATHER'S NAME ALBERT I. FROST VAS DECEASEDEVER IN U. S. ARMED FORCES? VAS DECEASEDEVER MARRIED NONE ATLEEN NONE ATLEEN VIDOWED 100. KIND OF BUSINESS OR INDUST NONE ALL VIDOWED 100. KIND OF BUSINESS OR INDUST NONE ALL VIDOWED 100. KIND OF BUSINESS OR INDUST VAS DECEASEDEVER MARRIED NONE ATLEEN VIDOWED 100. KIND OF BUSINESS OR INDUST NONE ACTUAL MARKET MARRIED 100. KIND OF BUSINESS OR INDUST VIDOWED 100. KIND OF BUSINESS VIDOWED 10	COUNTY MONTGOMERY MONTGOMERY CITY OR TOWN (If outside corporate limits, write RURAL and give necrest fown) BETHESDA NAME OF HOSPITAL (If not in hospital, give street address) NAME OF HOSPITAL AME OF CEASED First MIDDITION SUBJAN CITY OR TOWN (If outside corporate limits, write RURAL and give necrest fown) SUBJAN First Middle Lo FROST MALE COLOR OR RACE MITTE WIDOWED DIVORCED NONE WHITE USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE ATHER'S NAME LIA. MOTHER: NONE NONE REBETT L. FROST VAS DECEASEDEVER IN U. S. ARMED FORCES? If ye, give wor or date of survival) RECAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO CONDITIONS to immediate cause (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO MAIL PROBLEM CAUSE (c) PART II. 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WASHINGTO	COUNTY MONTGOMERY CITY OR FOWN! (If outside corporte limits, write gurland or for form of the property of the	ACC OUNTY MONTGOMERY CITY OS TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 SUBJECT ESTAIL COUNTY MONTGOMERY CITY OS TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 SUBJECT ESTAIL COUNTY MONTGOMERY) CITY OS TOWN (If outside corporate limits, write RURAL and gir RURAL and gire accorated form) SUBJECT ESTAIL AMEN OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) CITY OS TOWN (If outside corporate limits, write RURAL and gire in Hospital County Months of SILVER SPRING d. STEVE ADDRESS 807 S. BELGRADE ROAD AME OF HOSPITAL (If not in hospital, give street oddress) SUBJECT ESTAIL AMEN OF HOSPITAL (If not in hospital, give street oddress) CITY OS TOWN (If outside corporate limits, write RURAL and gire STEVE SPRING d. STEVE ADDRESS 807 S. 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MARYLAND STATE DEPARTMENT OF HEALTH-EALTHORE, TE

CERTIFICATE OF DEATH

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CERTIFICATE OF DEATH

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COUNTY, Montgome	ery _		MARYL	- 13	o. STATE Maryland	ere deceased liv	h COUNTY	Residence be	
RURAL and give ne		s, write	c. LENGTH OF STAY II		c. CITY OR TOWN (IF or	utside corporate Rd .	limits, write RUR.	At and give r	nearest town)
OR INSTITUTION			oddress)		d. STREET ADDRESS Rockville.	Md			e. IS RESIDENCE ON A FARM YES NO
NAME OF DECEASED (Type or print)			Middle ert L		Lost	4. DATE OF DEATH	Month 2	10	Day Year
Male				X-	ATE OF BIRTH	9.	AGE (In years less birthday) 72 yrs.		AR IF UNDER 24 I
. USUAL OCCUPATION during most of work	ON (Give kind of work d king life, even it retired)	lone 10b.					'ry)	12. CITIZEN	U.S.
FATHER'S NAME	Joseph Ga	rtne	r	1			Martha	. Gir	land
			SOCIAL SECURITY NO.			ley (Fr			le. Md
gave rise to it	ny, which (b) (b) the under:	em							
PART II. OTH			CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVEN	IN PART 1(o)	19. WAS AUTO PERFORMED YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (inter nature of injury in f	Part I or Port II	of item 1B.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	While	Not while	20e. PLACE foctor	OF INJURY (Home, form, street, office bldg., etc.	20f. (City or	town)	(Count	(S
actual signature	9 Del	12.5 Cas.		death or			he causes an	d on the d	
NAME (Type) /	G. Rosenbe	TOOM	///		/	1 1	- 5-10-1-11	1 . 1 . 6/	
	RURAL ond give ne Bethe All Path of NAME OF HOSPIT OR INSTITUTION SILVER AND ALL OCCUPATIC during most of world silver and the	RURAL ond give nearest town) Bethesda d. NAME OF HOSPITAL (If not in hospitol, gi OR INSTITUTION Suburban H. NAME OF DITYPE OF print) GATTNET SEX 6. COLOR OR RACE White . USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) FATHER'S NAME JOSEPH GS WAS DECEASED EVER IN U. S. ARMED FORM 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE of BEATH (Enter only one compart in DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Sove rise to immediate cause (c), storing the under- lying cause lost. PART II. OTHER SIGNIFICANT CONI 20a. ACCIDENT WAS UNDERLYING DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yee Hour a.m. p. m. 21. I certify that I attended the alive on	RURAL ond give nearest town) Bethesda d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Suburban Hosp. NAME OF BECKASED Gartner Albe Type or print) Gartner WIDOWE LUSUAL OCCUPATION (Give kind of work done during most of working life, even if relired) SISTS HOSP FATHER'S NAME JOSEPH Gartne WAS DECEASED EVER IN U. S. ARMED FORCES? In nover unknown) 18. CAUSE OF DEATH [Enter only one cause per life part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) SOLOTION Conditions, if any, which gave rise to immediate cause (o), stoting the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS (c) 200. ACCIDENT WAS UNDERLYING DUE TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year 20d. If Hour a.m. P. m. 19 at wor	RURAL ond give necrest town) Rethesda d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Suburban Hosp. NAME OF DECEASED IT SUBURBAN HOSP. NAME OF DEATH (Give kind of work done of DIVORCED of BUSINESS OR Game Research of Suburban Hospital (Suburban Hospital) IN SUBURBAN HOSP (Suburban Hospital) IN SUBURBAN H	RURAL ond give hearest lown) Pethesda d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Suburban Hosp. NAME OF DECEASED (Type or print) EX 6. COLOR OR RACE White WIDOWED DIVORCED 1. USUAL OCCUPATION (Give kind of work done) during most of working life, even if relired) SETATOR FATHER'S NAME JOSEPH Gartner WAS DECEASEDEVER IN U. S. ARMED FORCES? WHAT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Conditions, if any, which gave rise to immediate couse (c), stofting the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NO ROW While OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Foctory of work of the work of twork of two twork of two twork of two twork of two two two two two twork of two twork of two	RURAL ond give recorest town) Pethesda d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Suburban Hosp. NAME OF DECASED Itype or print) Gartner Albert I SEX 6. COLOR OR RACE White Widowed DIVORCED DIVORCED 10/9/85 Lost B. DATE OF BIRTH 10/9/85 LOST B. DATE OF BIRTH 10/9/85 LOST LOST AMARIEMENT NEVER MARRIED DIVORCED 11. BIRTHPLACE (Stote during most of working life, even of relired) STATE FATHER'S NAME JOSEPH Gartner WAS DECASED EVER IN U. S. ARRED FORCES? Longer unknown) (If yes, give wor or date of service) DUE TO Conditions, if any, which gave rise to immediate couse (o). PART I. DEATH WAS CAUSE DBY: IMMEDIATE CAUSE (o). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIC Couse (o), toloting the under-lying couse lost. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIC COUSE (o). Inding the under-lying couse lost. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIC CONTRIBUTING TO COURSED. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIC CONTRIBUTING TO COURSED. While of INJURY MEDICAL EXAMINER) 21. I certify that I attended the deceased from 1900 work of	RURAL ond give hearest fown) Pethoesea d. NAME OF HOSPITAL (if not in hospital, give street oddress) A. NAME OF HOSPITAL (if not in hospital, give street oddress) NAME OF DECEASED Suburban Hosp. Albert L EX 6. COLOR OR RACE 7. MARRIED (NEVER MARRIED) IVPORCED (D) White Windows DECEASED USUAL OCCUPATION (Give kind of work done) during most of working life, even if setting WIDOWED (D) DURCED (D) STATE 14. MOTHER'S MAIDEN NAME JOSEPH Gartner WAS DECEASEDEVER IN U. S. ARMED FORCES? If yes, give wor or date of veries) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTING CAUSE FOR THE LEARNING CONTRIBUTING CAUSE OF DEATH (If yes, proved the street of the street o	RUBAL OCCUPATION (Give kind of work done lots. NIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stole or foreign country) FATHER'S NAME JOSEPH Gartner WAS DECEASEDEVER IN U. S. ARMED FORCES? NAME OF DEATH WAS DECEASEDEVER IN U. S. ARMED FORCES? ROCKVILLE, Md MIDOWED DIVORCED 10/9/85 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN WAS UNDERLYING DOR CONTRIBUTING TO ACCUPATION (Cive kind of work and the winds) 18. CAUSE OF DEATH [Enter only one couse per limitation of the property of the couse of the permination of the perm	RUBAL ONG give hearest lown Red Cortes and Cortes and Hosp. A. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION NAME OF DECEASED NAME OF DECEASED LOST Gertner A. DATE DEATH DEATH DEATH DEATH DEATH OF

may be retained by the hospital or ottending physicion.

TO FUNERA URECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director, page 3 st. 3 be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, T

PART TO SERVE A PROPERTY OF THE PROPERTY OF TH

THE RELIGIOUS SECOND SE

THE MAN CONTRACT

8961 6 1 823



TATOR OLD HALL THE

POR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the pertificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the furdirector. Page 4 should be executed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be related for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and its designated agent, prior to burial, cremation, ar removal, and its event within 72 hours after death. 00

VS. A15ME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

9170 Item 6 Film@226 3-3-58 et

U2143
Reg. Dist. No.

	1, P	COUNTY		110			o STATE .			sed lived. If institu		ence bef	ore odm	ission)
			gomery		MARYL	AND	- 0.7.1.2	Maryl	and	B. 600111	Mont	2		
	b	end give recognitions) Bethes	outside corperate limits, write 5d8.	RURAL	c. LENGTH OF STAY II	N 1b	c. CITY OR	Beth		porate limits, write	RURAL on	d give n	earest ta	wn)
	d	. NAME OF HOSPITA	L OR INSTITUTION (If not in ha	spital, give street address))	d. STREET A	DDRESS					e. 15 R	ESIDENCE
)		6804 Fa	irfax Rd.				600	Post	rfax F	2.3			YES T	A FARM?
					-								1	
		NAME OF DECEASED Type or print)	All on C		Middle		Lost		4. DATE OF DEATH	Month	Tues.	Day		feor
					Gartner	e			- DEATH	Feb. 21	195			
	5. S	"Male		- MARRI	NEVER MARRIED	□ B.	DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER	Days	Hours	Min.
		194	White	WIDOWE	DIVORCED]	10/3/	1893		64. yrs.	1110	2071	110013	With.
				done 10b.	KIND OF BUSINESS OR IN	NOUSTR	Y 11. BIRTHPL	ACE (Stale	or foreign c	country)	12. CIT	IZEN O	F WHAT	COUNTRY
	d	uring most of working Lawver	lite, even it retired)	1 5	Self Emp.		m					****		
	12	FATHER'S NAME			1			enn.	14.45			USA		
	13.					200	14. MOTHER'S	MAIDEN	JMAP	Unknow	n			
		Geo. Ga					Rali	CERNI	NO CONTRACT	Ollkilow	11			
			R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT			Address				
1	***	xxx yes	WW 1				Poli	ce Re	ecord					
		18. CAUSE OF DEATH	H (Enter only one cau	se per line	for (a), (b), and (c).							INTER	VAL BETW	EEN
			WAS CAUSED BY:		Cardiac Int	fora	+100					1		
		11201	MMEDIATE CAUSE (0)		Varutac III	larc	CTOIL							dead
		7000	DUE TO	-								pin	bed	L
		Canditions, if an		C	oronary Insu	uffi	ency							
		(a), stating the u												
		couse last.	(c)											
	3	PART II, OTHE	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUTNO	T RELATED TO	THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 1	P. WAS	AUTOPSY
2	ATI		Acute pan	crest.	itis							1	PERFC	RMED?
	FF	20g. EXTERNAL CAUS	SE WAS 20		BE HOW INJURY OCCURR	RED. (En	ter nature of in	jury in Por	1 For Port II	of item 18.)			- 98	
	CERTIFICATION	PRIMARY Or CON CAUSE OF DEATH.	TRIBUTING		•									
	MEDICAL	20c. TIME OF INJURY	Y Manth, Day, Yes	or 20d. Whit			E OF INJURY (I			r or town)	(Co	unty)		(State)
	ME	p. m.	19		ork at work									
		21. I certify the	at) taok charge	af the	remains described	abov	e, held an	Autaps	y 🚾 ,)ı	nspection [],)nqui	гу 🗍	, an	d in my
		apinion death r	esulted fram:	Vatural	causes X. Accid	ent [7. Suicide		Hamicide	T. Undete	rmined	manne	гП	
		0	-	0	[24,			Land'						
		ACTUAL &	10	12.	oschart	-	CHIEF	IEDICAL EV	CAMINER [DATE S	SIGNED
		SIGNATURE	anh fi	12	Tichail		M.U.							
2		EXAMINER'S	(1						AL EXAMINE	2/21	/58			
6		NAME (Type)	Frank J.	Bros	chart		DEPUTY	MEDICAL	EXAMINER [-110	
			N. 226. DATE THEREC		22c. NAME OF CEMETER		REMATORY			TION (City, town,			(Stat	e)
		Cremation	n = 2/25/5	8	Cedar Hill				Suit	tland, Ma	aryla	nd		
N.	23.	FUNERAL DIRECTOR'S			ADDRESS	-			D BY REGIST	RAR 246. REGIS	TRAR'S SIG	SNATUR	E	
Ŋ.		Robert A.	. Pumphre	ey-Be	ethesda, Ma:	ryla	ind	DATE	B 2 4 '58		-edu			
	1							UNIE						

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Baseld I. For pricy-Betroson, hungland

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 that a death. Poge 4 may be related by the hospital or altending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 shows be detoched for use as the buriol-tronsit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, or remayal, and in any event within 72 haurs ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2179 CERTIFICATE OF DEATH

112144 Reg. Dist. No. 215

o. COUNTY		ALABYI AND	a. STATE	h. COUNT	Hion: Kesidence bei	fore admission)
Montgomer	V	MARYLAND	District of	f Columbia COUNT		
b. CITY OR TOWN (RURAL and give n	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	oulside carporote limits, write	RURAL and give n	earest town)
77 1 2	(Rural)	133 days	Washington		47x	. 3
d. NAME OF HOSPIT	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		. 7 . 4	e. IS RESIDENCE
U.S. Nava	1 Hospital, NNMC	Bothordo Md	2406 19th S	Street N L		ON A FARM?
3. NAME OF						1 112 [] 140 [8]
DECEASED	First	Middle	Last	OF		Day Year
(Type or print)	Samuel	Robert	GATES	DEATH Febr	uary	3 158
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthdoy)		R IF UNDER 24 HRS.
Male	White widow	VED T DIVORCED	22 November :	1865 92 yr		Hours Min.
100. USUAL OCCUPATION	ON (Give kind of work done 10b	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN	OF WHAT COUNTRY
1	king life, even if retired) 1 Engineer U	J.S. Government	Maryland		U.S	Q
13. FATHER'S NAME	T Bugrueer c	P. GOAELIENELL	14. MOTHER'S MAIDEN	NAME	0.1	J.
15. TATTLER S TRAME			14. MOTHER S MAIDEN	NAME		
	nard GATES		Anna R.	GARNER		
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Ac	ddress	
Yes Span	ish Am War	unknown (S	Son) Robert M	arshall GATES	(Same as	s #2)
	ATH [Enter only one couse per)		V			TERVAL BETWEEN
	ATH WAS CAUSED BY:	of Aratio		andi.		SET AND DEATH
420,0		garcios	2, Jorgo	earmin	r !	1 ddy
700,0	DUE TO	1100116) /			1
Conditions, if a		FISAL			le	unious
gave rise to i						
lying couse lost.	(c)					
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONDITION C	IVEN IN PART 1(g)	19. WAS AUTOPSY
ATA						PERFORMED?
200. ACCIDENT WA	AS LINIDERIVING TI 20h DEL	SCRIBE HOW INJURY OCCURR	ED (Fator action of labor in	P-41 P-411 -63 193		YES 🔼 NO
□ OR CONTRIBUTING	ELL CAUSE OF DEATH I	SCRIBE HOW INJURY OCCURR	ED. (Enter noture or injury in	raff for Forf II of Ifem 18.)		
	MEDICAL EXAMINER)					
20c. TIME OF INJUR			LACE OF INJURY (Home, for potory, street, office bldg., et		(County	(State)
p. m.	19 While at wo	Not while	reiory, sireer, office blog., er	C-)		
21 1 00016 4	nat I attended the decea	23 Senter	mber 10 57 . 2	De bessesses as 4	0	
		sed fram 22 2000	0.05	Depruary, 195	10, that I last s	saw the decease
alive on 3 Fe	bruary 19	and that deat	n occurred at 7.02	P.M. from the causes	and on the de	ate stated above
/	71011	1//,		ADDRESS (Street, city or town		DATE SIGNE
SIGNATURE	.a. An	elang.	M.D. U.S. Naval	Hospital, Bet	thesda Md	. 2-4-58
PHYSICIAN'S NAME (Type) C	.U. SHILLING I	LT MC USA	U.S. Naval	Hospital. Bet	thesda Md	
22a. BURIAL, CREMATIO	N. 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town		
Burial (Specify)		Cedar Bluff			2.0	(State)
				Annapolis		land
23/ FUNTERNIT DIRECTOR	161 6 7701 12 11 10	Washir Washir	igton, D. C. 249- REC	D.BY REGISTRAR 216 REG	SISTRAR'S SIGNATI	JRE
LEE Funers	al Home 4th and	Massachusetts	Ave. N.E. DATE			

BABAYN A P and the first of the large state of the base of the first state of the paper and a forest one of the state of the

moy be retained by the hospital or ottending physician. O FUNERA RECTOR: After this certificate has been signed by the ottending physician and completely filled y the funeral director, page 3 shows be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremotion, ar removal, and in any eyest within 72 hours ofter death. after death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours TO FUNERA poge 3 sho

VS A15 (4) 1SM 10/57 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2180 CERTIFICATE OF DEATH

(12145. Reg. Dist. No. 215

					11							
1. PLACE OF DEATH o. COUNTY					2. USUAL RESI	DENCE (Wh	nere deceased	lived. If instituti	on: Residen	ce before	admissi	on)
Montgomery			4 MAR	YLAND	Virgi	nia		b. COUNTY				
b. CITY OR TOWN (If RURAL and give ne	autside carporale limi	ls, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If o	outside corpore	ote limits, write R	URAL and g	give neare	est town	V
Bethesda (37 days		Falls	Chur	ch	8	3 X	8		
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	address)		d. STREET A	ADDRESS				e.	IS RESI	DENCE
	Hospital,	Eethe	esda Md.		617 P	onlar	Drive					NO X
3. NAME OF DECEASED	Fir	st	Middl	e	Los	st	4. DATE OF	Mon	th	Day	Y	ear
(Type or print)	George		John		GERCKE		DEATH	Februar	У	8	1	958
5. SEX	6. COLOR OR RACE	7. MARE	RIED X NEVER MARR	IED 🔲	B. DATE OF BIRT	Н	9	AGE (In years	IF UNDER	TYEAR I		
Male	White	WIDOWI	DIVORC	ED 🔲	29 Febr	uary	1904	lost birthday) 53 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPI	LACE (State	or fareign cou	intry)	12. CIT	ZEN OF	WHAT	COUNTRY?
Motion Pict			.S. Govern	ment	New	York			11.	S.		
13. FATHER'S NAME			0000000		14. MOTHER'S		IAME					
George W. C	שייסמיי				7/13 00	20++0	FRANCK	क				
IS. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO	0 17 1	NFORMANT	16 0 06	FRANCA	Add Add	ress			
(Yes, no. or unknown)	If yes, give war or dates of s						~775					
No			33 16 8316	100	fe) Sara	ih A.	GERCKE	(Same a	as #2)		
	TH [Enter only one co	use per li	ne for (a), (b), and (c)).]							VAL BET	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	1	Ul lostate	- (Chres	-0				1/	Mr.	-
161X	DUE TO	13									0	
Conditions, if on	v. which) "	Ce	Zuma	07	Lenn	_	hort	workste,	1state			
gave rise to in	nmediate (-/-	-	-1	1000	and the same	2000			
lying couse lost.	ne under-											
	ER SIGNIFICANT CON		CALIFORNITIAN TO DE		ALOT BELLTED TO					1 1 2		
PARE III. OTH	ER SIGNIFICANT CON	באטוווטאז	ONIKIBUTING TO DE	EATH BUT	NOI RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19.	WAS A PERFOR	UTOPSY RMED?
<u>\</u>			1)	res 🔽	NO 🗌
(IF EITHER, NOTIFY	L.I CAUSE OF DEATH I	20b. DES	CRIBE HOW INJURY (DCCURRE	D. (Enter noture o	of injury in F	Port I or Part I	I of item 18.)				
20c. TIME OF INJURY Hour a. m.	Month, Doy, Yes	r 20d. IN	NJURY OCCURRED	20e. PL	ACE OF INJURY	Home, form	, 20f. (City o	or town)	(C	ounty)		(Stote)
Hour a.m.	19	While of world	Nat while of work	to	ctory, street, office	e bidg., etc.)					
				1		0	Till - To consume)			
0 ***	at I attended the	decease			, 19_29	, ta_O_	reorua.	ry , 19 5	2,that	ast saw	the o	deceased
olive on O H'e	bruary	_, 12	20, and the	t deoth	occurred of	2:15P	_M, from	the couses o	nd on th	e date	state	d above.
	1.16/					_ /	ADDRESS (Stre	et, city or town,	stote)		DA	TE SIGNED
ACTUAL SIGNATURE	11/12	een			M.D.U.S. N	Vaval	Hospit	al, Bethe	esda N	10	2-9	7-58
	-17-1						~~					
PHYSICIAN'S NAME (Type) W.	E. GREER	L	MC USNR		U.S. N	Isval	Hospit	al. Beth	ehaen	MA		
220. BURIAL, CREMATION	, 226. DATE THEREO	F	22c. NAME OF CEM	AETERY O				ON (City, town, o			(State	
REMOVAL (Specify) Cremation	2-11-58	3	Cedar Hi					land, Ma		6	(State)	,
23. EUNERAL DIRECTOR'S	The part of the	7	ADDRESS	J. J. C	1 CHIC OOL y						1	
- Mas	revero ,	our	Au. 1	100			BY REGISTRA		TRARYS SIG	NATURE	1	
Joseph Cawla	r's &Sons	1756	Genn Ave	Was	h.D.C.	DATE	FEB 1 1	58	U. Pel	السلكة	1	

CERTIFICATE OF DEATH

AWI THE COUNTY OF SOME STREET, THE STREET

BUREAU V. S.

11 834 : - Ann - A

DECENED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2131 CERTIFICATE OF DEATH

(12146) Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomer	V	MARYLANG		2. USUAL RESIDENCE (Who o. STATE Virgin		d lived. If instituti b. COUNTY		before admis	sion)
b. CITY OR TOWN (If autside corporate limi RURAL and give nearest town) Bethesda		of days	ь	c. CITY OR TOWN (IF or Alexar		orate limits, write R	URAL and giv	ve nearest tow	n) 3
d. NAME OF HOSPITAL (If not in hospitol, g OR INSTITUTION The Clinical Center	, Bethe	sda 14, Md		d. STREET ADDRESS 91.0 -	10th	Street,	Apt. A	ONA	SIDENCE A FARM? NO 1
3. NAME OF Fir DECEASED (Type or print) Jane		Middle Leland	ł	Gilmore	4. DATE OF DEATH	Mor Feb	ruary	Doy 10,	Yeor 19 58
5. SEX 6. COLOR OR RACE White Female	7. MARRIED WIDOWED	NEVER MARRIED X		June 14, 1952	2	9. AGE (In years last bythdoy) 5 yrs.		YEAR IF UND	ER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired Child 13. FATHER'S NAME	Non		DUST	Greece 14. MOTHER'S MAIDEN N.	AME		12. CITIZ	S.A.	COUNTRY
James Leland Gilmon 15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give wor or dates of so No	CES? 16. SOCIA	L SECURITY NO. 17		Celeste Cormant The Medi Clinical Ce	ical l	Record Add		Maryla	nd
	Pseudon	(o), (b), ond (c).] monas Pneu Fibrosis Cor pulmon	of	Pancreas				Since	pirth
PART II. OTHER SIGNIFICANT CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yee Haur o. m. 19	20b. DESCRIBE H	OCCURRED 20e.	PLAC focto	(Enter nature of injury in Pa E OF INJURY (Hame, form, rry, street, office bldg., etc.)	art I ar Par 20f. (City	t II of item 18.)	(Co	PERFO YES X	ORMED? NO (Stote)
21. I certify that I attended the alive an February 10, ACTUAL SIGNATURE THOMAS F. DC PHYSICIAN'S THOMAS F. DC 220. BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify)	12 58 Octano IAN, JR F 22c.	_, and that dec	M	occurred at 10:25. The Constitution Ration Bether	AM, from the contract of the c		and an the state) of Heand	date state	ed above. ATE SIGNED
Burial 2/13/195 23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-	-	Rita's ADDRESS S. Ave. Bet	the	sda, Mdbate	BY REGIST	rar 24 REGI	STRAR'S SIGN	NATURE	vania

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNER. INECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after geath. VS A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HIALIE SALTIMORE, I

CERTIFICATE OF DEATH

		DESCRIPTION OF THE PARTY OF THE	
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Self-resident Self-resident			The Control of Therman so many
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The state of the s			



FEB 13 1958



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15 V	MT. C		Reg. Dist. No.
1	1. PLACE OF DEATH o. COUNTY A A	2. USUAL RESIDENCE (Where de	ceased lived. If institution: Residence befare admission)
-	Montgomery	MARYLAND Maryland	Wentsomery
制)	b. CITY OR TOWN (If outside corporate limits, write c. LENGTI RURAL and give nearest town)	OF STAY IN 16 c. CITY OR TOWN (If outside	carporate limits, write RURAL and give nearest town)
/	Takoma Park 6	days 565: Ver 56	oring
15	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington Sanitarium + H	ospital 8630 Pine	ey Branch Rd. e. IS RESIDENCE ON A FARM? YES NO.
	3. NAME OF DECEASED (Type or print) /// hains Kothok	Middle Last 4. D.	ATE Month Day Year 17 19 5
	5. SEX 6. COLOR OR RACE 7. MARRIED NE	410	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HE
	Fe made white WIDOWED	DIVORCED 11-4-90	last birthday) Manths Days Haurs Min
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF B / during most of working, life, even if retired) Print TOUR & Wi Fe & Proof Reader	usiness or industry 11. BIRTHPLACE (State or fare	ign country) 12. CITIZEN OF WHAT COUN
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Fred J. Ubinger	Ella Mon	tormery
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC (Yes, no or unknown) (If yes, give wer or dates of service) 7 7 7		Addryss
	(19st. no or unknown) (If yes, give war or dates of service) 181–16-	9120 10/2 Records	- Hushand
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	mà	2 WR
1	Canditions, if any, which (b)	on o astein clem	both renal ag weeks p
1	gave rise to immediate cause (a), stating the under-lying cause tast. DUE TO (c)	Lusive CVR due	rase years
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	treast = metas	SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [
	200. ACCIDENT WAS UNDERLYING 20b. SESCRIBE HOW OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED. (Enter nature of injury in Part I a	r Part II af îtem 18.)
	Zoc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCC While Not w p. m. 19 at work at work at work at work.	hile foctory, street, affice bldg., etc.)	(City or town) (County) (State
	21. I certify that I offended the deceased fram.	, 1957, to E	W 17, 19 18, that I last saw the decea
	olive on 19 17 , 19 17	and that death occurred at 1:45PM,	from the couses and on the date stated ab
	ACTUAL MACHINE	11 0 - 11 0	SS (Street, city ar lawn, state) DATE SIG
1	SIGNATURE (1000)	M.D. 72100	10 lung h
,	PHYSICIAN'S AIW-DANIS	H Selver	Muy Ked
	PEMOVAI (Specify)		OCATION (City, tawn, ar caunty) (State)
		nany Co. Mem. Pk. Cemeter	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDR	ESS 24a. REC'D BY RI	EGISTRAR 24b. REGISTRAR'S SIGNATURE
	cumil & um have 89	37-3/1/07-559// PATE R2 4"	58 1819-1-2016

TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or ottending physician.

TO FUNER RECTOR: After this certificate has been signed by the ottending physician and campletely filled by the funeral director. VS A15 15M 9/5 CERTIFICATE OF DEATH



FEB 24 1958



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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				U	MIZO
FIC	ATE OF DEATH	1		Reg. Dist. N	No.
SAM	2. USUAL RESIDENCE (Wh	ere deceased	lived. If institution b. COUNTY	on: Residence b	efore admission)
	141 D.			MOIN	>
IN 1b	c. CITY OR TOWN (If o	utside carpora	ate limits, write R	URAL and give	nearest tawn)
	X DE	THES	SDA		
	d STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	18105/RA/	FORD	RD		YES NO NO
	A Lost	4. DATE OF	Man	th	Day Year
MA	5 GBAHAMI	DEATH	FE	13 /	6 1958
ED 🔲	B. DATE OF BIRTH	/ 5	AGE (In years last birthday)		AR IF UNDER 24 HRS.
0 🗆	AUG 30 18	86 V	7 % yrs.	Manths Day	rs Hours Min.
R INDU	STRY 11. BIRTHPLACE (State	or fareign ca	intry)	12. CITIZEN	OF WHAT COUNTRY
	FREDER	PICK	MD	11/	SA
	14. MOTHER'S MAIDEN N	IAME	. *************************************		
	SARAH	MAI	VIZ		70.5 - 35.55
. 17.	INFORMANT		Add	ress BETAL	ESUA MID
15	EDBGE VGI	RAHA	M 7816	STENTI	FRDRD -
1	: 1/2 /		4	11	NTERVAL BETWEEN
in	1 failuno	00:	to	C	INSET AND DEATH
14	1 Julione	, 4.04	1. C.		One hour
0	alanta and an	1000			101110-1
CC	prohary so	fero.	515		JUYPSF
cini	n andarna	mala	interes	solo de	
ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION OF	EN IN PART 160	19. WAS AUTOPSY
EL S	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN FAKE I(O	PERFORMED?
210	myocardi	a/ 11	n tarc/	104	YES NO
CCURRE	D. (Enter noture of injury in I	Part I ar Part	Il at item IB.)		
20e. Pl	ACE OF INJURY (Home, form ctary, street, office bldg., etc.	20f. (City	or town)	(Coun	ty) (Stote)
				31.1173	
	1946 to 1	-eb/6	19.5	that I last	saw the deceased
death	accurred at 520	2M. fram			date stated above
			eet, city ar town,		DATE SIGNED
	M.D. 3921	I119	oman	SKAW	2.16.59
		1	50	J	
	wast	1/5	120		
ETERY C	OR CREMATORY	22d. LOCATI	ON (City, town,	ar county)	(State)
111	=7	FPI	EDIEIR/	1K M	17.

PLACE OF DEATH o. COUNTY MARY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) 00 NAME OF DECEASED Middle First (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARR 5. SEX DIVORCE WIDOWED -10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS O during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (o), stoting the underlying cause lost. 2 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY C 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Not while al wark at work 21. I certify that I attended the deceased from alive on_ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEM ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR WASH, DATE FEB 1 9 '58

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		CONTRACTOR OF THE PARTY.	
EUREAU V.			3477375
EEB 18 1828			NAME:
BECEINE			
IS VIZIDED TO	51 E/S		

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VS A15 (4) 15M 9/55

2183 CERTIFICATE OF DEATH

PLACE OF DEATH		2 HELIAL DECIDENCE MALL	and the state of the state of a	
" Khulyomily	MARYLAND	o. STATE	b. COUNTY	n: Residence before admission) MUMANNING
b. CITY OR TOWN (If offside corporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	Iside corporate limits, write RU	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION TALKET HER HOSPITAL HOSPI	address)	d. STREET ADDRESS	odelphin are	e. IS RESIDENCE ON A FARM? YES NO D
(Type or print) ANNE	MAUDE	GRIFFIN	4. DATE Month OF DEATH FEL	2 195-8
Temple What WIDOWS	DIVORCED	B. DATE OF BIRTH Alcender 15	1864 93 yrs.	Months Days Hours Min.
Ruring most of working life, even if retired)	al Han	Helyay,	Xova Scota	12. CITIZEN OF WHAT COUNTRY?
Not available		Hol avai	1 17.1	
	SOCIAL SECURITY NO. 17.	W. Cana C. &	Lould, 513 Phil	adeepha ave T.P.M
PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Can 444 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under: [Ving cause last.]	dio-Rona vile Arte	reor lecons	Lecrecaleza	INTERVAL BETWEEN ONSET AND DEATH "I VII O, I O - if Pall.
200. ACCIDENT WAS UNDERLYING 20b. DESC				PERFORMED? YES NO
	_ Not while _ fo	ACE OF INJURY (Home, form, cotary, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)
21. I certify that I attended the decease alive on 3 / 3 / 19 5 ACTUAL SIGNATURE / 13 / 13 / 13 / 13 / 14 / 15 / 15 / 16 / 16 / 16 / 16 / 16 / 16	-0		M, fram the causes ar	that I last saw the deceased and an the date stated above. DATE SIGNED ACC 2 Feb. 1958
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) MANAGEMENT SIGNATURE	161. /	nelley	Stoughton,	TRAR'S SIGNATURE
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION JAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE JULIAN Oc. USUAL OCCUPATION (Give kind of work dane Juling mpst of working life, even if retired) S. FATHER'S NAME M. S. DECEASED EVER IN U. S. ARMED FORCES? 16. 18. CAUSE OF DEATH [Enter only one cause per life part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Care immediate cause (a), stating the underlying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS (IF in the cause of in the cause (a)) and the cause (a) stating the underlying cause last. Part II. OTHER SIGNIFICANT CONDITIONS (C) 20a. ACCIDENT WAS UNDERLYING (C) Part III. OTHER SIGNIFICANT CONDITIONS (C) 21. I certify that I attended the decease alive on (C) ACTUAL SIGNATURE. PHYSICIAN'S NAME (Type) 22b. DATE THEREOF REMOVAL (Specify) REMOVAL (Specify) MALL SIGNATURE. 22c. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) MALL SIGNATURE. PHYSICIAN'S NAME (Type)	d. NAME OF HOSPITAL (If not in hospital, give street address) ORNINSTITUTION TAULUTA REPORTS IN MAME OF DECEASED I SEX OC. OLOR OR RACE WIDOWED DIVORCED OC. USUAL OCCUPATION (Give kind of work done puting mpst of working life, even if retired) S. SEX OC. USUAL OCCUPATION (Give kind of work done puting mpst of working life, even if retired) S. FATHER'S NAME TO USUAL OCCUPATION (Give kind of work done puting mpst of working life, even if retired) J. FATHER'S NAME J. FATHER'S NAME J. WAS DECEASED EVER IN U. S. ARMED FORCES? OC. USUAL OCCUPATION (Give kind of work done puting post of working life, even if retired) J. FATHER'S NAME J. FATHER'S NAME J. WIDOWED DIVORCED DIVORCED DIVORCED OC. USUAL OCCUPATION (Give kind of work done puting life, even if retired) J. FATHER'S NAME J. FATHER'S NAME J. WIDOWED DIVORCED DIVORCED OC. USUAL OCCUPATION (Give kind of work done puting life, even if retired) J. FATHER'S NAME J. FATHER'S NAME DIVORCED DIVORCED NIDOWED DIVORCED DIVORCED OLOR COLL SECURITY NO. [17. T. MARLED DIVORCED DIVORCED	d. NAME OF HOSPITAL (If not in hospital, give street address) OB-INSTITUTION TALKARA (In the proper of the prope	d. NAME OF HOSPITAL (If not in hospital, give street address) O'NAME OF HOSPITAL (If not in hospital, give street address) O'NAME OF HOSPITAL (If not in hospital, give street address) O'NAME OF HOSPITAL (If not in hospital, give street address) O'NAME OF HOSPITAL (If not in hospital, give street address) O'NAME OF DECEASED O'NAME OF DECEA

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2104 CERTIFICATE OF DEATH

Reg. Dist. No.

02150

100	7.2.2	Keg. Dist. No.
	o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) o. STATE maryland b. COUNTY Montgomery
	b. CITY OR TOWN (Il outside corporate limits, write RURAL and give nearest town) Tako na lark 6 days.	c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington Janitarium + Hospital	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES NO.
	3. NAME OF DECEASED (Type or print) Katie Elizabeth	Gross 4. DATE Month Doy Year OF DEATH 2 19 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Femele White WIDOWED DIVORCED	8. DATE OF BIRTH 2-4-74 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 24. S. G.
	13. FATHER'S NAME ISAAC Tyler	Mary BEDSWORTH WILSON
		NEORMANT Address GE FRANKLIN AUF
	18. CAUSE OF DEATH [Enter only one couse per line for (a). (b). ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stoting the under: lying couse lost. Conditions of the under couse (b).	dial Infarction on Set AND DEATH on Set AND DEATH es Left Coronary Citery lente Heart Wisern
	САТК	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	ACTUAL L.B. Snow	accurred at 10.35 A.M., from the causes and an the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNED M.D.
	PHYSICIAN'S NAME (Type)	SILVER SPRING, MARYLAND
	226. BURIAL CREMATION, 22b. DATE THEREOF 22c. MAME OF CEMETERY OF SELECTION 2. 22.58 No spect	R CREMATORY 22d. LOCATION (City, town, or county) (Stote) Washengton DC
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS / ADDRESS / 48 12 9	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE LAGRE DATE FB 2 4 358

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERA IRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director. page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

1 CERTIFICATE OF DEATH

BUREAU V. E.

FEB 24 1958

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haves after death. Page 4	moy be retained by the hospital or attending physician.	icate has been signed by the ottending physicion and completely filled in the funeral directors.	s. Pages 1 and 2 shauld be	or remaval, and in any event within 72 haurs offer death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	moy be retained by the hospital or attending physician.	TO FUNERAL SCIOR: After this certificate has been signed by the otte	page 3 shape be detached for use as the burial-transit permit. Then plant	the registror priar to buriol, cremotion, or remaval, and in any event within 72 haurs ofter death.

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

418	4	AIL OF DEF	****		Reg. Dist. No	. 21)	
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE o. STATE	(Where decease	b. COUNTY		ore admission)	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	1		orate limits, write R		arest town)	
RURAL ond give nearest town) Bethesda (Rural)	26 Days		ington		4	7x 2	
d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRE				e. IS RESIDENCE	
U.S. Naval Hospital, Beth	esda, Md.	1305	You St	reet, S.E		ON A FARM? YES NO	
3. NAME OF First DECEASED	Middle	Lost	4. DATE	Mon	th Do	y Year	
(Type or print) James	Edgar	HAMILTON	OF DEATH	Febr	uary 1	3 19 58	
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male White WIDOW	ED DIVORCED	15 June 18	388	last birthdoy)	Months Days	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or foreign o	country)	12. CITIZEN C	F WHAT COUNTR	
Administration, C & P Te	lephone Compan	nv Massa	chusett	c c	71	J.S.	
13. FATHER'S NAME	zermone oompa	14. MOTHER'S MAIL		0			
Edward HAMILTON		SArah GUIN	77.7				
	SOCIAL SECURITY NO. 17.	INFORMANT	ATA	Addr	raes		
(Yes, no. or unknown) If yes, give wor or dates of service)			Jan - 7 3.6			// 0 \	
		Wife) Mrs. E	veryn M	. Hamilto			
1B. CAUSE OF DEATH [Enter only one couse per li PART 1. DEATH WAS CAUSED BY:	ne far (0), (b), and (c).	1.,				ERVAL BETWEEN SET AND DEATH	
IMMEDIATE CAUSE (o)	essered by	Failure				6 month	
15/X DUE TO	. ,	, ,		1 1	,		
Conditions, if ony, which) will carcinoma of the stomach with metastases.							
gave rise to immediate cause (a), stating the under-	0						
lying cause lost.							
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE I	TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	PERFORMED?	
20g. ACCIDENT WAS UNDERLYING 20b. DES	CRIRE HOW INTURY OCCUR	DED 45-1				YES NO	
200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURE	CED. (Enter noture of injur	y in Port I or Po	I II of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. While	NJURY OCCURRED 20e. F	PLACE OF INJURY (Home, octory, street, office bldg.	farm, 20f. (Cit., etc.)	y or town)	(County)	(Stote)	
₹ p. m. 19 at wor	k at work						
21. I certify that I attended the deceas	ed from 18 Janua	ary 19 58 to	13 Febr	uary 19 58	that I last so	aw the decease	
alive on 12 February 19	58 and that deat	h occurred at 7:1	5A . M. fran	m the source of	and on the de	to state discount	
	o did mar dear	in occorred delizza		freet, city or town,		DATE SIGN	
SIGNATURE Cobert 5	Muth	M.D. U.S. Nav		ital, Bet			
PHYSICIAN'S Robert G. Muth,	LT,MC,USN	U.S. Nav	al Hosp	ital, Bet	hesda, M	id.	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, Iown, o	or county)	(State)	
REMOVAL (Specify) BUY 161 2-17-58	Arlington Na			ington, V		(31010)	
23. FUNTRAL DIRECTOR'S SIGNATURE BO		ngton, D. C 240,				D.F.	
	61 Goodhope R	[]a [H]	1 / 150	Colo (

CERTIFICATE OF DEATH

BUREAU VE

KEB I'd 1628



Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY District of Columbia c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? 2727 Jasper St., S.E. YES NO Yeor February 19 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Doys Hours 10 YES 12. CITIZEN OF WHAT COUNTRY U.S. Address (Same As INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 WAS AUTOPSY PERFORMED? YES INO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (County) (Stote) 1950, that I last saw the deceased and that death accurred at 5:35A. M., from the causes and an the date stated above ADDRESS (Street, city or town, stote) U.S. Naval Hospital, Bethesda, Md. 2-7-58 U.S. Naval Hospital, Bethesda, Md. 22d. LOCATION (City, town, or county) (Stote) Arlington, Virginia 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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>		2186	CERTIFIC	ATE OF DEATH		1121 Reg. Dist. No.	53
1	1. PLACE OF DEATH o. COUNTY Montge	omery	MARYLAND	2. USUAL RESIDENCE (Where do. STATE Marylar	h COUNTY	Residence before odm	-
)	b. CITY OR TOWN (If outside con RURAL and give nearest town) Bethesda	Md.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RUI	RAL and give nearest to	wn)
	d. NAME OF HOSPITAL (If not in OR INSTITUTION Suburba		ress)	d. STREET ADDRESS 3400 Bexhill	Place	ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	HELEN	Middle LONON	LADDTOOM	DATE Month	· 15°,	158
	Female Whi	te widowed	DIVORCED [B. DATE OF BIRTH 11/26/1901	lost burthday) 56 yrs.	FUNDER 1 YEAR IF UN Months Doys Haur 2 20	Min.
1	100. USUAL OCCUPATION (Give kinduring most of working life, even	in if refired)	ins-Harrisc	n Marion, M		USA	AT COUNTRY
1	13. FATHER'S NAME David N	. Lonon		14. MOTHER'S MAIDEN NAME Hester	Yancey		
1	1S. WAS DECEASED EVER IN U. S. A (Yes. no. or unknown) (If yes, give wo	r or dates of service)	CIAL SECURITY NO. 17.	INFORMANT Blake B. Ha	Addre arrison, Jr	Same as	Item#
	18. CAUSE OF DEATH [Enter PART I. DEATH WAS CA		ar (a), (b), and (c).]	osis of abo	domen	INTERVAL ONSET AN	BETWEEN ID DEATH
	Canditians, if any, which gave rise to immediate cause (o), stating the <u>underlying</u> couse last.	(b) /X/e DUE TO (c) 0 r/	tastalic	etermined			
	PART II. OTHER SIGNIFIE 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	CANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVE	PER	S AUTOPSY FORMED?
		OF DEATH (AMINER) 206. DESCRIE	BE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I	ar Port II af item 18.)		
	20c. TIME OF INJURY Month, Haur a. m. p. m.	Day, Year 20d. INJU While at wark	_ Not while fo	ACE OF INJURY (Hame, form, 20 ctory, street, affice bldg., etc.)	f. (City or town)	(Caunty)	(State)
	21. I certify that I after alive on Feb	ded the deceased	fram and that death	19 He, to Fell occurred at / 255 A.M.	5/6 , 1957 , from the causes an	that I last saw th	
	ACTUAL SIGNATURE	est alax	ġs .		Sess (Street, city ar town, st		DATE SIGNED
	PHYSICIAN'S STE	wart c	Tapp	wash 13	DC		
	220. BURIAL, CREMATION, 22b. DA	TE THEREOF L9/58	Oaklawn		Marion, N.		ole)
	23. FUNERAL DIRECTOR'S SIGNATUR Robert A. Pur	mphrey 75	ADDRESS 57 Wiscons	in Ave DATE		RAR'S SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMODE 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

02154

		III TEK 3	CERTIFICATI	OI DEATH	Reg. Dis	t. No.
1. P	PLACE OF DEATH 2187 COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who		ution: Residen	
ь	c. CITY OR TOWN [If outside corporate limits, write BURAL or LENGTH OF 5 h]			otside corporote limits, write	RURAL and	give nearest town)
d	Montg. Co, Gen, Hospital, give street	oddress)	J. STREET ADDRESS Lincoln	Park		e. IS RESIDENCE ON A FARM? YES NO
0	NAME OF First Mid DECEASED William Harriso		Lost 4	DATE OF Feb. Mg	4, 19	Day Yeor 50
5. SI	molo 001	ARRIED B.	2/23/1908	9. AGE (In years loss) (Photos) yes.		YEAR IF UNDER 24 HRS Pays Hours Min.
00. d	t. USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINES during most of working life, even if retired)	S OR INDUSTR	Y 11. BIRTHPLACE (Stote or Fla.	foreign country)		EN OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
	Unknown		Unknow	n		
15. [Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT (If yet, give war or doles of service)		Police Reco	Address	•	
	PART I. DEATH WAS CAUSED BY: 98/ DUE TO Conditions. if ony, which gove rise to immediate couse (b), stating the underlying couse lost. (c) Shot Gun wound in left grain					
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Fracture of left pelvis 200. EXTERNAL CAUSE WAS. 200. DESCRIBE HOW INJURY OF		YES NO P			
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (Country street, office bldg., etc.)						
	21. I certify that I took charge of the remains description death resulted from: Natural causes ACTUAL SIGNATURE Journal Control of the	_		micide , Undete	Inquiry ermined m	DATE SIGNED
	NAME (Type) Frank J. Broschart			AMINER (* 2/	14/07	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the prificate, writing the ward "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the fur director. Page 4 should crowned to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain for your files.

TO FUNERAC DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS. A15ME 5M 2/57

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MARYLAND STATEOGRAFTS SHIP OF HEALTH SACTINGSES.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

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FOR STATE HEALTH DEPT

director. Page director. Page for your files. M

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessated the serificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the full discussion of the should prevented to the Chief Medical Examiner's Office along with form PM3. Page 5 may be related for 5 FUNERAR DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boor or its designated agent, prior to burial, cremation, or remayable may event within 72 hours offer death. 4 should TO DEPUTY

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02155 Rea Dist No.

Ŀ							
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	ce before admission)				
	o. COUNTY Maryland MARYLAND	o. STATE in of b. COUNTY has be					
	b. CITY OR TOWN (If outside corporate min, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and a	give negrest town)				
	and give negret fown	4 -1 1 2					
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	Hartherstorg - 13-2					
,	C+ : C	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?				
	Eletuson	Etchison	YES NO				
	3. NAME OF DECEASED First Middle	Lost 4. DATE Month	Doy Year				
	(Type or print) Thomas trankling &	Tau Kings DEATH Jeb- 9	1958				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE Itn years IF UNDER 19	YEAR IF UNDER 24 HRS.				
	may white WIDOWED DIVORCED	4-5-1889 (8 yrs. Months D	ays Hours Min.				
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI		EN OF WHAT COUNTRY				
	during most of working life, even if retired)	, , , , , , , , , , , , , , , , , , , ,					
	13. FATHER'S NAME		· S. C				
	13. TATHER'S NAME	A. MOTHER'S MAIDEN NAME					
	Jas. C Hawkens	Mitti E. Ouvall					
	15. WAS (DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or waknown) (If yes. give war or dates of service)	Address Address					
	21/-32-0801 Ez	nest Hawtens - yaith mel	R-2				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	1. 22 -	ONSET AND DEATH				
Л	1220.1	and an	modern				
/1	DUE TO						
	Conditions, if any, which gove rise to immediate couse						
	(o), stoting the underlying DUE TO						
	couse lost. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(o) 19. WAS AUTOPSY PERFORMED?				
)			YES NO NO				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	nter nature of injury in Part I or Part II of item 18.)					
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.						
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, i 20f. (City or town) (Count	ly) (Slote)				
	Hour o. m. While Not while focto	ory, street, office bldg., etc.)	(5.5.6)				
	21. I certify that I toak charge of the remains described above	ve, held an Autopsy [], Inspection [X], Inquiry	A, and in my				
	opinion death resulted fram: Notural causes . Accident	, Suicide , Homicide , Undetermined ma	onner 🔲				
	1 1						
1	SIGNATURE FRANK Q. / Srowhart	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED				
		ASSISTANT MEDICAL EXAMINER					
6	DEPUTY MEDICAL EXAMINER [2] 2-9	-58					
	NAME (Type) FHANK J. BAUSCHZHT 220. BURIAL, CREMATION, 1226. DATE THEREOF 22c. NAME OF CEMETERY OR		/States				
	Buriar Feb. II 1958 Mt. Tabor	Etchison	(State)				
			Md.				
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Laytonsville.	240. REC'D BY REGISTRAR'S SIGN	ATURE				
18	ned on the pay nous ATTIE	Md. DATE					

MARYLAND STATE DEVARIANT OF PEACH ... A STIMORY, I STEDICAL EXAMPLER'S CEXTIFICATE OF DEATH...

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BUREAU V. S.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death: Page 4 may be retained by the haspital or attending physician. VS A15 (4) 15M 9/55

	77.0	CERTIFICA	IL OF DEATH		Reg. Dist. N	ło.
\	1. PLACE OF DEATH o. COUNTY Montaomerus	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	nere deceased lived. If ins		efore admission)
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neores! town)	TH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, wr	rite RURAL and give	nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION URShington	105 p.	1 d. STREET ADDRESS 2507 De.	nderson	ave.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) C T A MARRIED IN N	Middle 2nzella	High:tme	X	2	Day Yeor # 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED N	DIVORCED B.	9 - 22 - 9	9. AGE (In yold last birthd	oy) Months Day	AR IF UNDER 24 HRS. S Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	HAME Land	1 (1.	5. M.
	abner B. Binalia	m	Annie.	Di.	50n	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SI (Yes no. or unknown) (II yes, give war or dates of service)	ECURITY NO. 17. IN	FORMANT		Address	
		8-0017\No	shington	5an + H	105p. 7	ecords
	18. CAUSE OF DEATH [Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY:	./)/	11000 = 10	es La Lac	0	NTERVAL BETWEEN
	174X IMMEDIATE CAUSE (a) DUE TO	ma gru	Two ev	14/10/45.	0	141
	Conditions, if ony, which) (b)					
	gove rise to immediate couse (a), stating the <u>under:</u> lying cause last.					
		TING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0	19. WAS AUTOPSY
-	3 Thromboses of Vei	ra Cava	and Lu	nge		YES NO
	OR CONTRIBUTING LI CAUSE OF DEATH	W INJURY OCCURRED.	(Enter noture of injury in f	Part of Port II of item 18.)	
	ZOc. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not of work of work	while focto	E OF INJURY (Home, form bry, street, office bldg., etc.	20f. (City or town)	(Count	y) (State)
1	21. I certify that I attended the deceased fram	Jan 19	2 , 19 5, 10 F	els 7, 19	S.A. that I last	saw the deceased
	alive an Fed 4 , 1938	and that death a	accurred at 25	PM, from the cause	es and an the c	late stated abave
	ACTUAL SIGNATURE	100	, 770/	ADDRESS (Street, city or to	own stotel	2- V-
	PHYSICIAN'S	m	APr	VII	1	1-00
	NAME (Type) J. M. Witlock	7	Maria	Jag -	The same of the sa	
	REMOVAL (Specify)	ME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, to	wn, or county)	(Stote)
-		kittsvill	le Cem	Burkitts		Md.
		PRESS	240. REC'I	BY REGISTRAR 246. F	REGISTRAR'S SIGNAL	URE
	Robert A. Pumphrey Bethe	sda, Md.	DATE	Cal.	MARILIA.	

dinuit. N. III BUREAU V. S. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page

death.

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			The Market Market (A) of
			The state of the s
			From Company of the 1927 of th
POVENCE			
BUREAU V. S		And Annual Control	and the control of the set P /2
OBAIBOBA			
THE WHEN SHORESTED	Skiller	TORNAM ZBOWI .	

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2190

CERTIFICATE OF DEATH

02158

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									Keg. Dis	. 140.	
1. PLACE OF DEATH			44.49	YLAND	2. USUAL RESIDEN		e deceased	lived. If institu	tion: Residence	e befare adm	issian)
Montgomer					Maryland	~		PESTA			V
b. CITY OR TOWN (I RURAL and give no	If autside corporate limit earest town)	s, write	c. LENGTH OF STAY	IN 1P	c. CITY OR TOW	VN (If auts	side carpor	ale limits, write	RURAL ond gi	ve nearest to	wn)
Bethesda	•		12 days		Baltimor	re		3 .	V 0 1 -	4	
d. NAME OF HOSPIT	TAL (If not in hospital, gi	ve street	address)		d. STREET ADDI	RESS					ESIDENCE A FARM?
The Clinic	cal Center,	Bet	hesda 14,	Md.	3622 Mil	Lford	Aven	ue			□ NO 🔀
3. NAME OF DECEASED	Firs	t	Middle	•	Lost	4	OF OF		onth	Day	Yeor
(Type or print)	Floyd		Garfie		Hoback	(DEATH	Febru	ary	18	19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED B	. DATE OF BIRTH		5	AGE (In years last birthday)	IF UNDER 1	YEAR IF UN	DER 24 HRS.
Male	White	WIDOWE	DIVORCE	ED 🗆	December	16,	1882	75 yrs		Days Hour	s Min.
10a. USUAL OCCUPATIO	ON (Give kind of work d	one 10b.	KIND OF BUSINESS	OR INDUST	TRY 11. BIRTHPLACE			intry)	12. CITI	ZEN OF WHA	AT COUNTRY
Inspector	king lire, even it terired)	P	ost Office		Virgin	nia			U.	S. A.	
13. FATHER'S NAME					14. MOTHER'S MA		ME				
Samuel Hol	hack				Alice	Brown	n				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO). 17. IN	FORMANT The			enond Ad	dress		
(Yes, no. or unknown)	(If yes, give wor or dates of se	rvice]	ascertaina							. Marr	bee [
No CAUSE OF DEA	ma fr .				THE CTTH	rcar (Cente	r, betil	esua 1		
	TH Enter only one cou			•			2013			ONSET AN	
PARI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	BIL	ATERAL	HD,	RENAL	146	EMON	PRHA G	E	24	HOURS
214X	DUE TO										
Canditians, if o	ny, which) (b).										
gove rise to it	mmediate (
lying couse lost.	(c)										
Z PART II. OTH	HER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DE	ATH BUT N	NOT RELATED TO THE	E TERMINA	AL DISEASE	CONDITION G	IVEN IN PART	1(a) 19, WA	SAUTOPSY
3 VASCULAN	P OCCLUSIO,		MALL + LAN						RCINOIL	PERF	ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY O	OCCURRED.	(Enter noture of inj	jury in Por	t I or Port	Il of ilem 1B.)	01-51	1ALL.	HO'UEI.
	Y Month, Day, Year	20d. IN	UURY OCCURRED	20e. PLAC	CE OF INJURY (Hom	ne, form,	20f. (City o	or town)	(Co	ounty)	(State)
Hour a.m.	19	While of work	Nol while al wark	facto	ory, street, affice bld	dg., elc.				"	
					4 79	Trab.		70 6	0		
	at 1 attended the	decease				o reb	ruary	10, 19 2	o, that I lo	ast saw the	e deceaser
alive on Febr	ruary 10	_, 19	58 , and that	deoth	occurred ot 6	13P	M, fram	the causes	and on the	e dote sta	ted abave
1	n	011	1			AD	ORESS (Sire	eet, city ar town	, stote)		DATE SIGNE
SIGNATURE	amuel (na	rache	M	.D. The Cl	linic	al Ce	nter		Fl	8 19 19
a vour					The Na	ation	al In	stitute	s of H	ealth	*
PHYSICIAN'S NAME (Type)	Samuel Chara	iche,	M. D.					ryland			
220. BURIAL, CREMATIO	N. 226. DATE THEREOF		22c. NAME OF CEM	ETERY OF				ON (City, Iawn,	or county)	IC.	ole)
REMOVAL (Specify) Burial	2/22/19					**					
23. FUNERAL DIRECTOR'S		00	ADDRESS	ne C	emetery	DEC'D O	Balt By REGISTR	imore	ISTRAR'S SIGN	arylar	nd
								1	ISTRAK S SIGI	MATURE	
Ellsworth	Armacost-	4600	Liberty	Hohts	A TO DA	TE B 2	4 '58	10001	. 2		

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BURKAU V. K.

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VS A15 (4) 15M 10/57

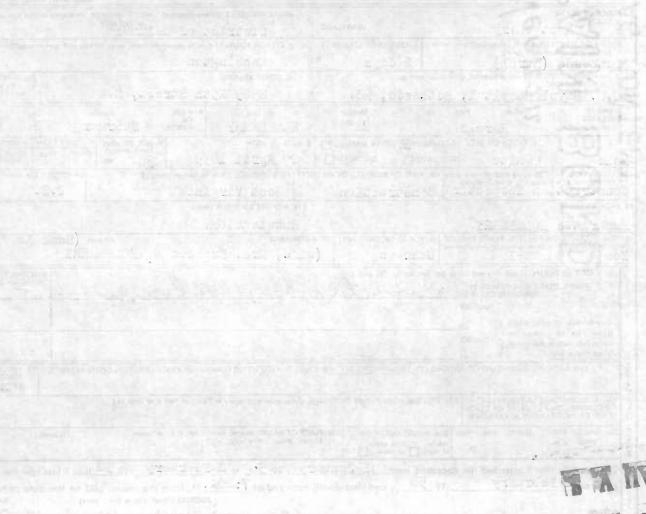
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2191 **CERTIFICATE OF DEATH**

02159

Reg. Dist. No. 215

4	1. PLACE OF DEATH o. COUNTY				2. USUAL RES	IDENCE (Where			on: Residence be	fore admiss	ion)
S. L.		gomery		MARYLAND	o. STATE Di	strict	of Colu	b. COUNTY			V
	b. CITY OR TOWN (III RURAL and give ne	f outside corporate limit	s, write c. LENG	GTH OF STAY IN 11	c. CITY OR	TOWN (If outs	ide corporole li	mits, write R	URAL and give n	earest town	1)
1	Bethesda (Rural)		days	Wa	shingto	on	47	1x -3		
,	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, gi	ive street oddress)		d. STREET	ADDRESS				e. IS RES	IDENCE
		. Hospital,	Bethesda	a, Md.	23	325 15th	Street	, N.W			FARM?
	3. NAME OF DECEASED	Firs	st .	Middle	Le	ost 4	. DATE	Mon	th I	Doy	Yeor
	(Type or print)	Harold		"E"	HOLSBE	ERRY	OF DEATH	Febru			19 58
	5. SEX	6. COLOR OR RACE	7. MARRIED N	NEVER MARRIED	B. DATE OF BIR	TH	9. AC	E (In years	IF UNDER 1 YEA	R IF UNDE	
	Male	White	WIDOWED [DIVORCED [il 1899	58		Months Doys	Hours	Min.
1	10a. USUAL OCCUPATIO	N (Give kind of work ding life, even if retired)	one 10b. KIND OF	BUSINESS OR IN	DUSTRY 11. BIRTHE	PLACE (Stote or	foreign country)		12. CITIZEN	OF WHAT	COUNTRY
	Construction			ruction	West	Virgin	nia		U.S		
/	13. FATHER'S NAME				14. MOTHER	S MAIDEN NAM	AE				
	Euphritis H	OLSBERRY			Ruhala	STUMP					
	15. WAS DECEASED EVER	R IN U. S. ARMED FORCE		SECURITY NO. 17	INFORMANT			Addr	ess (Same	As #	2)
	Yes	WW-I	Unknow	vn	(Wife) Mr	s. Fran	nces W	HOLSE	ERRY		
	18. CAUSE OF DEA	TH [Enter only one cou	use per line for (q).	, (b), ond (c)	7.		1 -		JIN	TERVAL BE	TWEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Wint	notes	i son	16 Cuc	die		OF	SET AND	DEATH
	420.1	DUE TO	0				- www		75.01	M Z	Mora
	Conditions, if on	y, which) (b).									
	gove rise to in couse (o), stoling t	n mediote (
	lying couse lost.	(c)									
	PART II. OTH	ER SIGNIFICANT COND	TIONS CONTRIBU	TING TO DEATH B	UT NOT RELATED TO	O THE TERMINA	L DISEASE CON	DITION GIV	EN IN PART 1(o)	19. WAS A	AUTOPSY
1	PART II. OTH									PERFO	RMED?
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING []	20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter noture	of injury in Port	I or Port II of	tem 18.)			
		MEDICAL EXAMINER)									
	Y 20c. TIME OF INJURY Hour o. m.	Month, Doy, Year		CCURRED 20e.	PLACE OF INJURY	(Home, form,	20f. (City or tov	vn)	(County)	(State)
	Hour o.m.	19		while work	foctory, street, offic	e bldg., etc.)					
	21. I certify the	at I attended the	deceased from	31 Janu	arv 10 58	3 . 2 Fe	bruary	10 58			
	alive on 1 Fe	bruary	19 58	and that dea	th accurred at	7:20A	4 6	_, 19_2	,that I last :	aw the	deceased
	41110 011		-, 1/2-2	and mor dea	in accurred at		ORESS (Street, c				ed abave. ATE SIGNED
	ACTUAL SIGNATURE	95011	-1 -1	2	M.D. U.S.						0
1		J. Janes			_ M.D	110110111	10000	2 200		100	3 70
	PHYSICIAN'S IT S	B. DUNN, JR,	LT,MC,U	en	U.S.	Naval H	Hospita]	. Bet	hesda, 1	vid .	
	220. BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NA	AME OF CEMETERY			d. LOCATION ((Stote	
	REMOVAL (Specify) Burial	2-6-58		O.F Cemet					Virgini		,
	23 FUNERAL DIRECTOR'S	SIGNATURE.		DRESS	<u></u>	240. REC'D 8			TRAR'S SIGNATI		
	R A Pumphre	umphrey Wi	sconsin /	Ave. Beth	esda.Md.			0001		1	

CERTIFICATE OF BEATH





HEALTH DEPT.

thin 24 haurs after death. If any delay is necessary, please 8. Give Pages 1, 2, and 3 to the fun director. Page with farm PM3. Page 5 may be retail for your files. hit. File pages 1 and 2 with the State Board of Health, in any event within 72 haurs after death.

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V5	. A	15	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perm	
6		2/8	7	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Pag Dist No.

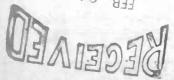
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6 7	Reg. Dia. Iva.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY Minitary	o. STATE M. COUNTY In motor
b. CITY OR TOWN (It outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
and give pagrest fown)	the control of the co
Densuigton 1 yrs	X Musinglm
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	. IS RESIDENCE ON A FARM?
4407 Everet st	4407 Evant ST YES NO
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print)	DEATH 7/ 2/ 195-8
5. SEX 6. COLOR OR RACE 7. MARRIED 3 NEVER MARRIED 38	DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HR
male white WIDOWED DIVORCED DI	Sept 16 - 18 Total birthday) Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUST	
during most of working life, even if retired)	1.00
Clerk store	10.0-
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernet Hatt	Rust Drown
	NFORMANT Address
(Yes, no, or unknown) (If yes, give war of dotes of tervice) /65	112 1
TUNK NOWIN	ruge
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary be	clusion im.
420,1 DUE TO	
Control of the state of the sta	
gave rise to immediate cause	
(a), stoting the underlying DUETO	
couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	YES NO
	inter nature of injury in Part I or Part II of item 18.)
20a. EXTERNAL CAUSE WAS PRIMARY] or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (E CAUSE OF DEATH.	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, † 20f. (City or town) (County) (Stote)
Troot 6. m.	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described about	ve, held on Autopsy, Inspection, Inquiry, and in m
opinion death resulted from: Natural causes x, Accident [, Suicide , Homicide , Undetermined manner
1 1 0	DATE SIGNED
SIGNATURE Tranh & Drozehunt	M.D. CHIEF MEDICAL EXAMINER []
	ASSISTANT MEDICAL EXAMINER
EXAMINER'S FLANK J. Broschaft	DEPUTY MEDICAL EXAMINER 2 2 - 22 - 78
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Bur-Transit 2/25/57 Asbury Ceme	etery Augusta, W. Va.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	FFR 2 4 '58 Will-heduch
Robert A. Pumphrey Bethesda, Mary	and DATE

MEDICAL SKAMINERS CERTIFORES OF DEATH

BUREAU V. E.

FEB S4 1958



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 may be retrized by the hospital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death. Poge 4 may be retrized by the hospital or attending physician and campletely filled the fungest director.

F	, PLAC	CE OF DEATH		2193	CERTI		2. USUAL RESI			lived. If institut	Reg. Di	st. No.	2161
	o. C0	M YTAUC	ONTGOMERY		MARY	YLAND	o. STATE	D.C.		b. COUNTY			1
	b. CI	TY OR TOWN (I JRAL and give no KENSIN		mits, write	c. LENGTH OF STAY	IN 1b		TOWN (IF &		ole limits, write l	RURAL and	give nearest	lown)
	d. N	AME OF HOSPIT R INSTITUTION	KENSIAG		Jardens N	ursing	Home A		Q St.,	N.W.			RESIDENCE ON A FARM?
Call Es		ASED or print)	ANA	First /	Middle		Hughes	5	4. DATE OF DEATH	Mo Fet)	Day	Yeor 19 5 8
	S. SEX		6. COLOR OR RAC	E 7. MAR	RRIED NEVER MARRI	_	8. DATE OF BIRT	, 190	0	P. AGE (In years last birthdoy)	Months		UNDER 24 HRS. Durs Min.
1	0o. US dui	ring most of worl	ON (Give kind of working life, even if retire	ed)	. KIND OF BUSINESS O	OR INDUS	TRY 11 BIRTHPL	ACE (Stote	or foreign cou	//s. N		U.S.	HAT COUNTRY
1	3. FATI	HER'S NAME	PATRICK	gan,	ON		14. MOTHER'S	MAIDEN N	· · · · · · ·	herin			
		DECEASED EVE	R IN U. S. ARMED FO	ORCES? 16	. SOCIAL SECURITY NO), 17. II	Patri	CIA	/	Add	Ochr	315	Sanute
	18.		ATH [Enter only one ITH WAS CAUSED BY IMMEDIATE CAUSE	: -	line for (0), (b), and (c)	61	umoni					ONSET	AL BETWEEN AND DEATH
L	- 1	100					, - , - , - ,	-					
	90	193.0 onditions, if a over ise to i use (o), stoting ing couse lost.	ny, which mmediate	(b) F	temipley Vioma-9	gia	+ Inu	ralia		10 be		3	mos.
	90	ove rise to i use (o), stoting ing couse lost.	ny, which mmediate DUE 1	(b) F.	temin lèg Tioma-g CONTRIBUTING TO DE	gia	+ Inuite IV -	ralia From	itul 1		VEN IN PAR	T 1(0) 19. V	
	NO LY	PART II. OTH	ny, which mmediate DUE 1	(b) (c) 9 ONDITIONS		Grad Grad	V /nu de IV -	From THE TERMIN	nal disease	CONDITION GI	VEN IN PAR	T 1(0) 19. V	VAS AUTOPSY ERFORMED?
	Serification (It	PART II. OTH	ny, which mediate the under. DUE to the under. DUE to the under the u	(b) (c) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	CONTRIBUTING TO DE SCRIBE HOW INJURY C	G F & COURRED	V /nu de IV -	THE TERMI	NAL DISEASE	CONDITION GI		T 1(0) 19. V	VAS AUTOPSY ERFORMED?
	WEDICAL CERTIFICATION NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	PART II. OTH . ACCIDENT W. CONTRIBUTING EITHER, NOTIFY TIME OF INJUR Hour o. m. p. m.	DUE 1 ny, which mmediate the under. DUE 1 DUE 1 DUE 1 AS UNDERLYING CAUSE OF DEAT. MEDICAL EXAMINER Y Month, Doy, 1	(b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	SCRIBE HOW INJURY CONTRIBUTING TO DE	Grade Gr	NOT RELATED TO O. (Enter noture of the control of	THE TERMINIST IN FINANCE OF THE TERMINIST IN FORMAL PROPERTY OF THE PROPERTY O	NAL DISEASE Port I or Port	CONDITION GI	,that 1	County)	VAS AUTOPSY ERFORMED? S NO (Stote)
10.00	WEDICAL CARPING ACCREMENT	PART II. OTH ACCIDENT WAS CONTRIBUTING EITHER, NOTIFY Hour o. m. p. m. I certify the	DUE 1 ny, which mmediate the under. HER SIGNIFICANT CO AS UNDERLYING CAUSE OF DEAT MEDICAL EXAMINER Y Month, Doy, N	(b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	SCRIBE HOW INJURY CONTRIBUTING TO DE SCRIBE HOW INJURY COCURRED BOTH OF WORK STATE OF WORK SEED	Grade ATH BUT DOCCURRED To foc	NOT RELATED TO	THE TERMIN Home, forme bldg., etc.	NAL DISEASE Port I or Port 20f. (City A.M., from	CONDITION GI		County)	VAS AUTOPSY ERFORMED? S NO (Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Item 3. Film G-229 5	/21/58.cac.	TIE OI DEATH	Reg. (Dist. No.
1. PLACE OF DEATH o. CQUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Wash. D. C	re deceased lived. If institutions Resid b. COUNTY	ence before admission)
 b. CITY OR TOWN (If autside carporate limits, w RURAL and give neorest town) 	rile c. LENGTH OF STAY IN 16		itside carporate limits, write RURAL and	t A med code
Rethesda	9 days		enwich Pkwy. N.V	
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION Suburbs		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Mabel	Middle T./7/ J	tost aycox	4. DATE 10/25 Month. OF DEATH Feb. 23	Day Year 19 58
5. SEX Female 6. COLOR OR RACE 7. White will	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 1-30-76	9. AGE (In years le UND last birthday) 82 yrs.	ER I YEAR IF UNDER 24 HRS. Pos Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of warking life, even if retired)	Own Home	STRY 11. BIRTHPLACE (State of NewYor		U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Warren Horton		Margan	ret Tilton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. oc.unknown) (If yes, give wor or dates of service))	nformant arren ⁿ c. Jay	COX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xx Item# 2
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) 33 / X DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO (c)	thrombophlabit Cerebral rase	enia, bilate is, at leg. cular accide	ut	S days ART 1(a) 19, WAS AUTOPSY
OR CONTRIBUTING CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCURRED			PERFORMED? YES NO
20c. TIME OF INJURY Manth, Day, Year 2 Haur a.m.	20d. INJURY OCCURRED 20e. PL/ While Nat while 1st wark 1s	ACE OF INJURY (Home, form, clary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the de	1958, and that death	accurred at 10 30 A	3 Feb., 19 5, that M, fram the causes and an ADDRESS (Street, city or town, state) Fearge to con R. A. 14, Mdry land	
270. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2/23/58	22c. NAME OF CEMETERY O Mayflower		22d. LOCATION (City, town, or county Duxbury, Mass.	
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-I	Bethesda, Maryla	and 240. REC'S	FEB 2 6 58	SIGNATURE

CERTIFICATE OF DEATH OF STREET, STR de mar. Louisy-tear-o-march de march

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page L
may be retained by the haspital ar attending physician.
TO FUNERA ECTOR: After this certificate has been signed by the attending physician and campletely filled it when funeral director,
page 3 shap be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 array shauld be filled with
the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death,

VS A15 (4) 15M 10/57

Ttem 11 FilmG226	Reg. Dist. No.
n. Place of Death o. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE Md b. COUNTY Montgomery
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Silver Spring	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 Silver Spring
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 109 Hilltop Road	d. STREET ADDRESS / 109 Hilltop Road e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) EBER W. Middle	JEFFERY OF DEATH FEB. 7, 1958
SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	12/13/1895 Tost bythdoy) Manths Days Haurs Min.
On USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) Retired, Supervisory Dir. History	
Jerod W. Jeffery	14. MOTHER'S MAIDEN NAME Unknown
fes. no or unknown) (If yes, give wor or dates of service)	Maurine A.Jeffery 109 Hilltop Rd., S.S.
gave rise to immediate couse (o), stating the <u>under-lying couse lost.</u> DUE TO (c)	CULAR-RENAL DISEASE SEV. YRS
	RRED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a. m. While of wark at wark	PLACE OF INJURY (Home, form, 20f. (City ar town) (Caunty) (Stole) factory, street, affice bldg., etc.)
21. I certify that attended the deceased fram alive an Total and that deal actual signature physician's NAME (Type) LIVN WOOD HEICES M. D	ith accurred at 7:30 P.M. fram the causes and an the date stated above ADDRESS (Street, city or towns state) M.D. 6940 Pincy Drawch Kd, N.W. 2/7/5
REMOVAL CREMATION, 226. DATE THEREOF 2/11/58 Woodland Cer	emetery Quincy, Ill.
The S.H.Hines Co., 2901 14th St.N	

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CERTIFICATE OF DEATH

Reg. Dist. No.

)1.	a. COUNTY Mon	tgomery		MARYLAND	a. STATE			lived. If institution b. COUNTY	10 / A	before of	
	b. CITY OR TOWN (IF RURAL and give need they Chas	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY O	Maryla R TOWN (IF or Evy Ch	utside corpore	ote limits, write R		8	
,	d. NAME OF HOSPITA OR INSTITUTION 3610 Unde:	L (If not in hospital, grwood Str	ive street	oddress)		O Unde	erwood	d Street		0	RESIDENCE ON A FARMS
3.	NAME OF DECEASED (Type or print)	Jea:		Middle Goulding		WELL	4. DATE OF DEATH	Februa		Doy 4	Yeor 19 58
1 -	emale	6. COLOR OF RACE White	7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BI			O. AGE (In years lost birthdoy) 64. yrs.			INDER 24 HRS.
L	D. USUAL OCCUPATION during most of working HOUSEWIT FATHER'S NAME	ng life, even if retired		KIND OF BUSINESS OR INDI WM Home	Wis	PLACE (Stote of CONSIT R'S MAIDEN N	n	untry)		JSA	HAT COUNTRY?
	Fred MacN				Mary	Baum					
1S. (Ye	WAS DECEASED EVER 15. no. or unknown) (II	IN U. S. ARMED FOR Fyes, give war or dotes of s	CES? 16.		enry H	. Jewe	ell-I	tem# 2	ress		
CERTIFICATION	Conditions, if an gove rise to im cause (a), stoting the lying cause lost.	mediate DUE TO (c) ER SIGNIFICANT CON UNDERWING UNDERWING CAUSE OF DEATH	DITIONS	contributing to Death Bu	Um.				EN IN PART	PE	AS AUTOPSY REFORMED?
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While	Not while for	ACE OF INJUR octory, street, of	Y (Home, form, fice bldg., etc.	20f. (City o	or fown)	(Co	ounty)	(Slate)
	21. I certify the alive on	mas Al	decease 12	sed from Maze 5 58., and that deor	, M.D	Febru	ADDRESS (Street	the causes of th	and an the	date s	DATE SIGNED
200			Wild			lorris			Wash	ingt	on, D.
220	REMOVAL (Specify) Burial	2/7/58	r	Parklawn	OR CREMATORY		-	ON (City, town, o	or county)		(Stote)
23.	FUNERAL DIRECTOR'S		ey-I	ADDRESS		24a. REC'D	BY REGISTR	the same of the same of the same of	STRAR'S SIGN	NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death.: Page 4 may be retained by the hospital or attending physician.

TO FUNERA

ECTOR: After this certificate has been signed by the attending physician and completely filled it page 3 show be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 page 3 show be detached for use as the burial-transit permit. Then please remove carbon pop the registror prior to burial, cremation, or removal, and in any event within 72 hours ofter death VS A15 (4) 15M 10/57

the funeral director, should be filed with

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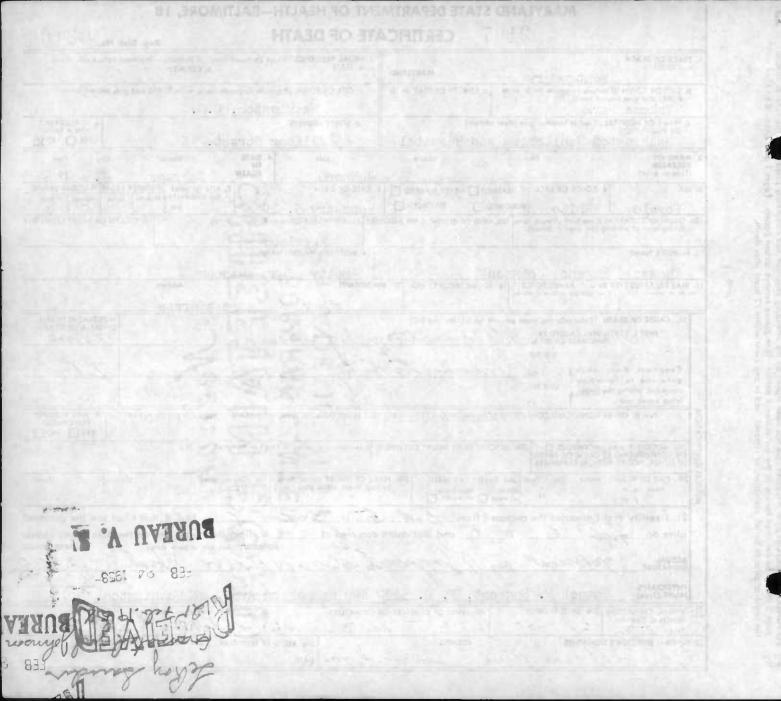
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N.S.

2:	107 CERTIFICA	ATE OF DEATH	4	Reg	g. Dist. No.	02166
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WI o. STATE		. If institutions Reb. COUNTY	esidence befare	a admission)
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest lown) Takoma Park	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	ngton, D.		ond give near	est Iown)
d. NAME OF HOSPITAL (If not in hospital, give sor institution Washington Sanitaria		d. STREET ADDRESS	n Street.		•	IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF First DECEASED (Type or print)	Middle	Johnson	4. DATE OF DEATH	Month	Day	Year 19 58
Female White WH	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH February 5.	1958	E (In years birthday) yrs.	NDER 1 YEAR	Hours Min.
 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FATHER'S NAME 	106. KIND OF BUSINESS OR INDU	Marvia 14. MOTHER'S MAIDEN 1	nd	12	2. CITIZEN OF	WHAT COUNTRY
Thomas Eugene John 15. WAS DECEASED EVER IN U. S. ARMED FORCES: [Yes, no or unknown] (If yes, give wor or dote of service	16. SOCIAL SECURITY NO. 17.	Betty Je NFORMANT Father	an Manno	Address		
PART 1. DEATH Enter only one cause PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the <u>under-</u> lying cause lost. (c)	June 100 (0), (b), and (c).]	y fails	ue		INTER	RVAL BETWEEN ET AND BEATH
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BUT		1000			WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 1	20d. INJURY OCCURRED 20e. Pt. Shile Not while twork at work	ACE OF INJURY (Home, farm ctory, street, affice bldg., etc), 20f. (City or tov	vn)	(County)	(State)
21. I certify that I attended the de alive an ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) Samuel M. Ba 220 BURIAL, CREMATION, REMOVAL (Specify) REM	1958, and that death	New Hampshi	M, fram the ADDRESS (Street, c	causes and city or town, state) NE Washi	sh D. (ington.	DATE SIGNED State of the state
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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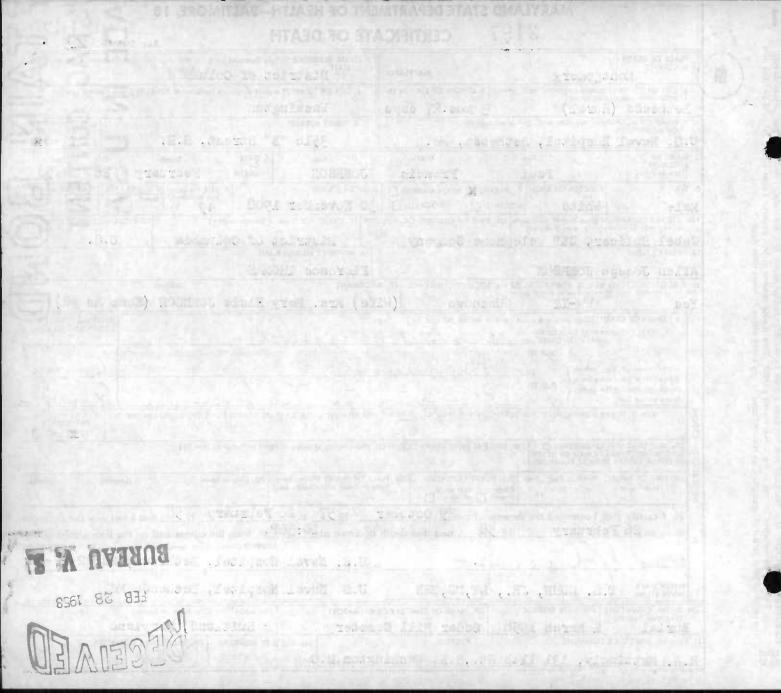
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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	MARYLA	o. STATE	ere deceased lived. If institution: Residence b	
b. CITY OR TOWN (If outside carporale li		Maryl	and IVI ontguiris, write RURAL and give	omery nearest town)
RURAL ond give nearest town) Bethesda		X Bethesda		
d. NAME OF HOSPITAL (If not in hospital	. give street address)	d. STREET ADDRESS		e. IS RESIDENCE
or INSTITUTION 5134 Manning Driv		5134 Manning	g Drive	ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) Heles	First Middle Pelletre	lost au JONES	4. DATE Month OF DEATH February 1	Day Year 19 58
5. SEX 6. COLOR OR RAC		001120		EAR IF UNDER 24 HRS.
Female White	WIDOWED DIVORCED		77 yrs. 3 10	
10a. USUAL OCCUPATION (Give kind of wor	k done 10b. KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHPLACE (Stote of	or foreign country) 12. CITIZE	N OF WHAT COUNTRY
during most of working life, even if retire Housewife	ed)	Dottongon	N Tomany III	· A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	N. Jersey US)A
Charles O. Pelletr		Elma A. Ho		
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no. or unknown) (If yes, give wor or dates of	of service	17. INFORMANT	Address	
No	Unknown	Miss Helen D.	Jones-Same Item #2	
18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE:	101 Congestine	Hart Fa	lura	INTERVAL BETWEEN DISET AND DEATH
Conditions, if ony, which	16) Carolia - 2/a	eoular Rea	al Desorra	5 yra
coese (o), stoting the under-	(c)			
PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO NO
	20b. DESCRIBE HOW INJURY OCCI	JRRED. (Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Y Hour o. m. p. m.	While Not while	e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)		nty) (State)
21. I certify that I attended th	ne deceased from Laure	23 . 1958 1076	1958 ,that I last	saw the decease
alive an Zel	_ /	eath occurred attilized	LM, fram the causes and an the	date stated abave
ACTUAL SIGNATURE Signature 16	Bousins	M.D. 3927- Sa	ADDRESS (Street, city or town, stote)	DATE SIGNED
PHYSICIAN'S NAME (Type) SIDNEY	C 6005125	Was	l. x 8.	
220. BURIAL, CREMATION, 226. DATE THER	EOF 22c. NAME OF CEMETE	RY OR CREMATORY	22d. LOCATION (City, town, or county)	(Stote)
Cremation 2/4/58	Cedar Hil	1 Crematory	Prince Georges M	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR'S SIGNA	
Robert A. Pumphrey		ethesda, Md	B 159 Par / - /	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL PSCTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, page 3 show the detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 on the should be filed with the registror prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) unlessee c. CITY OR TOWN (If gutside corporate limits, write RURAL and give hearest town) . IS RESIDENCE ON A FARM? YES NO TO Yeor FEBRUARY 19 5 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 1 D 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES T NO (County) (Stote) 19 38 that I last saw the deceased and that death accurred at 11-1MM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2200

CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	MONTGOMER	Y	MARYL	- 11	USUAL RESIDENCE (VO. STATE MARY)		d lived. If instituti b. COUNTY				ion)	
RURAL and give n	(If autside corporate limi nearest tawn) LVFR SPRING		c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 SILVER SPRING							
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS 2514 LINDE				1		DENCE FARM? NOX	
3. NAME OF DECEASED (Type or print)	JAMIE	st	Middle ETHEL		Lost KEEBLER	4. DATE OF DEATH	Mor FE		19		rear 19 58	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARR	DIVORCED		ATE OF BIRTH /21/47		9. AGE (In years lost birthdoy) 10 yrs.	1F UNDER Months	1 YEAR Doys	Hours	R 24 HRS. Min.	
100. USUAL OCCUPATION during most of working student 13. FATHER'S NAME	ON (Give kind of work or rking life, even if retired	done 10b.	KIND OF BUSINESS OR		WASHINGTO	N, D.C.		I2. CIT		S.A.	COUNTRY?	
JAMES H.	מה זמיהים				ELSA G.							
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO		HALEA	Add	ress				
(Yes, no or unknown) NO	(If yes, give war or dates of s	ervice)	NONE	Mr.	James H. K	eebler.			St.			
355 X Canditions, if a gove rise to couse (a), storing lying couse lost.	the under-	I, Ed	icrease lema ren ontributing to deal	Sicol I an	intrac	ruzo ran, tof	er Spring on's dissipation of the secondition of the secondition of the second of the	SSL N	0			
PART II. OT	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (E	nter noture of injury i	n Port I or Par	t II of item 18.)			YES D	NO 🗆	
-	RY Month, Day, Yea	20d. In While of work	Not while		OF INJURY (Home, fo, street, office bldg., e		y or town)	(0	County)		(Stote)	
21. I certify the olive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	CATRONS	decease , 19 =		death oc	, 19 4 7, to 3 curred at 9 15		n the couses of treet, city or town, will A	ond on th		e state		
220. BURIAL, CREMATIC BURIAL (Specify	2/24/58	F	22c. NAME OF CEMET TT. LINCOLN				TION (City, toyn, E GEO. C		MAI	(Stote		
23. FUNERAL DIRECTOR	S SIGNATURE LE	ey,	Silver Sp	ring,		C'D BY REGIST	TRAR 246. REGI	STRAR'S SIC				

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, I

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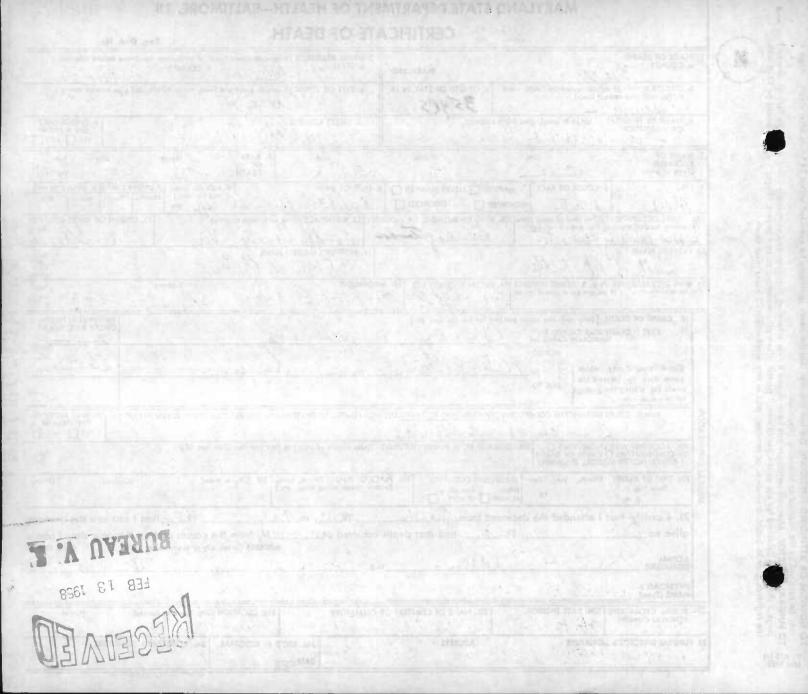
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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporale limits, write RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 10 YES NO D NAME OF Middle Day Year DECEASED KELLER (Type or print) DEATH 1950 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Min. WIDOWED | DIVORCED T 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Queldine Landos 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per ling for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) Locker DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO Z 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a. fl. factory, street, office bldg., etc.) While Not while at work al work 21. I certify that I attended the deceased from Tracel 195 Sthat I last saw the deceased _, and that death accurred at 6:00 A.M., fram the causes and an the date stated above. ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) AARON 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) REMOVAL (Specify) 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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e. IS RESIDENCE ON A FARM? YES NO

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Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

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INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stole)

DATE SIGNED

(Stole)

Days

(County)

Reg. Dist. No.

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VS A15 (4) 15M 10/57

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law requires that the death certificate be executed within 24 haurs after death. Page 4		been signed by the attending physician and campletely filled	hould be filed with	al, and in any event within 72 haurs after death.	/ -
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2204 Items 105 16 Film 226 3-3-58 et CERTIFICATE OF DEATH

Reg. Dist. No. 215

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1. PLACE OF DEATH o. COUNTY			MARYLAND	2. USUAL RESID	ENCE (Wh	ere decease	d lived. If institut		nce befare	e admissi	an)
Montg	Maryland 66, V										
b. CITY OR TOWN (I RURAL and give no	f outside carporate limits,	c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)									
Bethesda (Rural) 16 days					Avond	ale			16x	· od	
d. NAME OF HOSPITAL (If not in haspital, give street address)				d. STREET A	DDRESS				e	. IS RESI	
U.S. Naval	Hospital, Be	thesd	a, Md.		2007	Woodr	eeve Roa	đ			FARM?
3. NAME OF DECEASED	First		Middle	Last		4. DATE	Mar	nth	Day	Y	'ear
(Type or print)	George	KER	N	DEATH	Febru	ary	20	1	958		
5. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	8. DATE OF SIRTH			9. AGE (In years		1 YEAR		
Male	White w	IDOWED [DIVORCED [15 June	1921		last birthday) 36 yrs.	Manths	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work dor	e 10b. KINE	OF BUSINESS OR INDI	USTRY 11. BIRTHPL	CE (State	ar foreign c	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY?
Clerk	ing life, even if retired)	LOTOL	Tele//co. Co	ower.		n. D.	_		U.S	C	
13. FATHER'S NAME		1004/	APACA / 60. 00	14. MOTHER'S			0.		0.1	٥.	
George Hen	ry KERN			Pauline			ORB				
	R IN U. S. ARMED FORCE		IAL SECURITY NO. 17.	INFORMANT			Add	ress			
Yes no. or unknown)	WW-II		-12-6603	(Wife) Mr	s. Ma	rgare	t M. KERI	N (Sa	me A:	s #2)
18. CAUSE OF DEA	TH [Enter anly ane cause	per line fa	r (a), (b), and (c).]						INTER	RVAL BET	WEEN
PART I. DEA	TH WAS CAUSED BY:	Ba	. homenic	Carrin	nna				ONSE	ET AND	DEATH
162.1	DUE TO	1700	norwiger -	-a acri	7,1140						
Canditians, if or	an intiat \										
gove rise to in	nmediate (
couse (o), stating	the under-										
lying cause last.) (c)_										
PART II. OTH	IER SIGNIFICANT CONDIT	IONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PAR	RT 1(a) 19	PERFO	
₫										YES 🎇	NO 🗌
PART II. OTH	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	6. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature af	injury in P	ort I or Par	t II of item 18.)				
20c. TIME OF INJURY	Y Manth, Day, Year 19	While	Nat while	LACE OF INJURY (Haclary, street, office	lame, farm, bldg., etc.	20f. (City	or town)	(County)		(Stote)
21. I certify th	at I attended the d	eceased f									
alive an 20]	rebruary	19 58	, and that deat	h accurred at_	2:15P	M, fran	n the causes o	and an t	he date	e state	d abave.
	1 h	11	,0			ADDRESS (SI	treet, city or town,	stote)		DA	TE SIGNED
SIGNATURE STA	mas 7 / My	, Olli	rethan	M.D. U.S.	Nava 1	Hosp	ital. Be	thesd	a. Mo	3. 2	-21-58
//											
PHYSICIAN'S NAME (Type) JE	ames E. McCl	enatha	an, CDR, MC, U	JSN U.S	Naval	Hosp	ital, Be	thesd	a, Mo	d.	
220. BURIAL, CREMATION	N, 22b. DATE THEREOF	220	c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town,	or county)		(State)
REMOVAL (Specify) Burial	2-25-58	A:	rlington Na	tl.Cemete	ry	Arl	ington,	Virgi	nia		
23. ELINEPAL DIRECTOR	SIGNATURE		ADDRESS			BY REGIST		STRAR'S SI	GNATURE	E	
LEE Funeral	Home 4th &	Mass.	Ave., N.W Wa	ash.D.C	DATE	32 4 5	o Cur	heau	en		

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E. Walliam Town and J. M. Walliam H. W. Walliam S. C. 1958 St. 1958

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ACCOUNT FRANCISCO AND ANGESTS OF THE LAST

		Buttwo 1 lb 4 2206 CERTIFICATE OF DEATH Rog. Dist	. No. 02176
PA)		PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence of STATE of COUNTY of STATE of COUNTY of STATE of COUNTY of STATE of COUNTY of STATE of	before admission)
1	-	Montgomery Milinsland Pro	Manery
)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 16 C. CITY OR TOWN II autside carporate limits, write RURAL and give nearest lown)	ve (péarest fown)
74		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 208 Horner's Land	IS RESIDENCE ON A FARM? YES NO NO NO NO NO NO NO
1		NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) Name OF DEATH FORRUGALY	Day & Yeor 24 1958
)	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10 8. DATE OF SITH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS.
		1 ALE WIDOWED DIVORCED FEB 24 1958 Yrs. Monins	Poys Hours Min.
	100	o. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZ	EN OF WHAT COUNTRY?
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME LORRAINE	COLEMAN
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
		No. or unhown) Ill yes, give wor or dotes of service) NONE Thomas Keys - Father	
	Г	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Premeturity	Chus
		776 X DUE TO	
		Conditions, if any, which gave rise to immediate (b).	
		cause (a), stoting the <u>under-</u> lying cause last.	
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
0	SATE.		PERFORMED? YES NO
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL	Hour o, m. While Not while factory, street, affice bldg., etc.) !	iunty) (State)
	ME	p. m. 14 at wark at work	
		21. I certify that I attended the deceased from 2/24, 1958, to 2/24, 1958, that I lo	
		alive an 1958, and that death occurred at 3200 M, from the causes and on the	
		ADDRESS (Street, city or town, state)	DATE SIGNED
1		SIGNATURE M.D. M.D.	4/44/20
		PHYSICIAN'S John M Wyman 7659 Georgetown Rd. Bet	h. Md.
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
		urial 3/3/58 Arlington Cemetery Arlington, Vi	rginia
	23	120. KEO BI KEOISIKK TELEVISIKK SIO	
	口	Robert a Cumpling - 6 orthesda, MarylandreFEB 28 '58 Milliteduce	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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BUREAU V. L.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	CERTIFICA	TIE OF BEATT		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marvla)	ore deceased lived. If institution b. COUNTY	n: Residence before admission) Lontgomery
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) Rural - Cedar Grov		No.	viside corporate limits, write RU Woodfield	
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION R.F.D. Germantown	treet address)	d. STREET ADDRESS R.F.D.		e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print) Mary	Middle Avondale		4. DATE Month	h Day Year
5. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane)	106. KIND OF BUSINESS OR INDU		B78 79 yrs. or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) HOUSOWIFE	Own Home	Cedar G	rove, Md.	USA
Noah Watkins		Julia L	inthicum	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (It yes, give war or dates of service)		Mr. W. O. Ki	Addre ing, Gaither	
PART I. DEATH [Enler only one cause p PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	Bronchoppe	cardioreses	dar diseas	INTREVAL BETWEEN ONSET AND DEATH 2 11 15 11 15 11
PART 11. OTHER SIGNIFICANT CONDITION 47/ 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED			N IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20 Hour a. st.	Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, story, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decalive on Filmony IV. I ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) PHYSICIAN'S James P. I	1258, and that death	occurred at 11 P	M, from the causes at DDRESS (Street, pity or town, s	that I last saw the deceased above (and on the date stated above (and) DATE SIGNED (2) [5]
20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Feb. 22.19	22c. NAME OF CEMETERY O		22d. LOCATION (City, tawn, or Woodfield	r caunity) (State)
23. FUMERAL DIRECTOR'S SIGNATURE Molesworth	ADDRESS Damascus,	24o. REC'D	8Y REGISTRAR 24b. REGIST	TRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 the funeral directar, should be filed with TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shows the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND Montgomerv Maryland Montgomerv b. CITY OR TOWN (If outside carporale limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If aulside carporale limits, write RURAL and give nearest town) RURAL and give nearest tawn) Rural- Cedar Grove vears Rural - Cedar Grove d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.F.D. Germantown R.F.D. Germantown YES NO NAME OF Middle 4. DATE Month Day Year DECEASED (Type or print) King DEATH Nona Estelle 1958 Feb 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED X Female DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Housewife Own Home Cedar Grove, Md USA 13. FATHER'S NAME Willard Watkins Charlotte Williams IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs Lottie Good. Silver Spring. Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Concer of Cervix, metostotic 13 years 171X **DUE TO** Canditians, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Arteriosclerosis, generalized: Secondary anemia; Cong. Ht.F YES NOOT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Haur o. fi. factory, street, affice bldg., etc.) Not while ot work at wark 21. I certify that I attended the deceased from March 19.55, to Feb 2 19.58 that I last saw the deceased, 12.58__, and that death occurred at______M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S cilcin F. Meadors. M.D. NAME (Type) Dwmascus. Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Feb. 4.1958 Salem Methodist Cedar Grove .. Md 240. REC'D 8Y REGISTRAR 746, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Damascus, Md. DATE

The state of the s The state of the s SOUTH BIRDER IN NO. Section of the state of the second section of the second section is the second section of the section The pure to you a month of which we would won't won't BUREAU V. S. Toggintly test to send the country was a few to the country and the country an DESCRIPTION OF THE PARTY OF The state of the s

VS A15 (4) 15M 10/57

MARYLAND-STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ; 2210 CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	o. STATE	ENCE (Where decease	ed lived. If instituti b. COUNTY		/	
	b. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16		DWN (If outside corp	orote limits, write R			
	RURAL ond give ner Bethesda	orest town)	35 days	Salisbury			22/2.2		
	d. NAME OF HOSPITA	AL (If not in haspital, give street	address)	d. STREET AL	- W			e. IS RESIDENCE	
	The clinic	cal Center, Bet	hesda 14, Md.	29	3 Loblolly	Lane		ON A FARM? YES NO	
3.	NAME OF DECEASED	First	Middle	lost	4. DATE OF	Mon	0	. 40	
-	(Type or print)	William	Alvin	King	DEATH				
5.	SEX	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH		9. AGE (In years lost birthday)	Months Doys	IF UNDER 24 HRS. Hours Min.	
	Male	White widow	ED DIVORCED	Decembe	r 16, 1928	29 yrs.	Monnis Doys	HOURS MIN.	
100	 USUAL OCCUPATIOn during most of wark 	N (Give kind of work done 10b. ing life, even if retired)			CE (Stote or foreign	country)		F WHAT COUNTRY?	
	Traffic ma	anager	Transportation		nsylvania		U. S	. A.	
13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
L	John L. Ki	ing, Sr.		Emily	Wolfe				
		R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT Th	e Medical	Record Add	ress		
	Yes		scertainable	The Clin	ical Cente	r. Bethe	sda Ili. M	farvland	
	18. CAUSE OF DEA	TH [Enter only one couse per li					INTI	ERVAL BETWEEN	
	PART I. DEAT	TH WAS CAUSED BY: Pt	lmonary Insufi	ieiency			ONS	days	
	1794	DUE TO		- U			-		
	Carallet M	The state of the s	bryonal cell (larcinoma	Primara	in Right	Testis.		
	Conditions, if on	nmediate (D)	majorat octa c	702 013103130	A A LIMET J	111 1118110			
	couse (o), stoting t	he under- DUE TO	tastases to lu	nas Pia	ht Kidner	8. Inf W	one Corre	la Yrs.	
Z	lying cause lost.	, (c)						-	
CATIO	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO BEATH BUT	NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(0)	PERFORMED?	
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of	injury in Port I or Po	rt II of item 1B.)			
13	20c. TIME OF INJURY	Month, Day, Year 20d. I	NJURY OCCURRED 20e. PL	ACE OF INJURY (H	ome, form, 20f. (Cit	y or town)	(County)	(Stale)	
MEDICAL	Haur o.m.	19 While	Not while fo	ctary, street, office	bldg., etc.)	,	(600//	(0.0.0)	
2	p. m.	01 401		1. 200	. Walana	0 0			
		at I attended the deceas							
	alive on	oruary 6 , 195	8, and that death	occurred at_					
	ACTUAL (1.0.1 20	.00 -	mı		street, city or town,	stole)	DATE SIGNED	
	SIGNATURE	nauces of.	adder	741.0	Clinical				
	PHYSICIAN'S CI	HARLES F. NADLE	R M.D.		ional Inst nesda 14,		Health		
220	BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town,	or county)	(Slote)	
F	REMOVAL (Specify)	2/12/58	Arlington Na	tional	Arli	ngton, V	irginia		
23.	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		24a. REC'D BY REGIS		STRAR'S SIGNATUI	RE	
]	Robert A.	Pumphrey-Be	thesda, Maryl	and	DATE		, - 7		
					1 15	0 0000	A contract		

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	To the second		
	LOR ST.		OTHER DE
		And the second second second	
Section 10, 1928	LEADER TON		
	THE R. LEWIS LATTER	Deput September	

BUREAU V.

11 323 LEB 11 3223

istor av nomerine de sets file

Robert A. Fun parey-methesda, Maryland

VS A1S (4) 1SM 9/S5

MARYLA	ND STA	TE DEPART	MENT OF	HEALTH-B	ALTIMORE,	18

2211 CERTIFICATE OF DEATH

Reg. Dist. No. 112181

1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased		before admission)
	o. COUNTY Montgamere	MARYLAND	o. STATE ML	b. COUNTY	Artagmery (
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and gi	
	RURAL and give referest town)	6 MEARS	56 51 100 SE	17/1/2 =	1
-	d. NAME OF HOSPITAL (If not in hospital give street of		d. STREET ADDRESS	ICINI 3	e. IS RESIDENCE
	OR INSTITUTION LAW ERIAM COL	//	10000 Nau Hoa	ndino And	ON A FARM?
=		Lece.	Tew. Tring	MINING TIO	
	DECEASED		Lost OF DEATH	Month	Day Year
-		YNEIL CFX.	11212 014	Te5	1938
5.	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	I A A LITTLE A	YEAR IF UNDER 24 HRS.
1	WIDOWE		HORIL 3-1900	47 yrs.	70/1
100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign co	untry) 12. CITIZ	ZEN OF WHAT COUNTRY?
K	18 Acheir	Johooh	HASLEVON	PA 2	SH
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	2 1	/
	Joseph XLINE	e,2	MARION	Densh	nek
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
Į Te	s, no, or unknown) (If yes, give wor or dates of service)		Collage Ton	2 1 0	5ame
F	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a) (b) and (c) 1	The Real	<u>C G 3</u>	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Occhision		ONSET AND DEATH
	1100	ORONARY	OCCEA2:2		Innegenta
	HOO, DUE TO	0.5.00	Constitution	Λ	.012
	Conditions, if ony, which gove rise to immediate	IRTERIO SCLER	WHIC CARTIOVASCO	THAT I JOHNS IE	1753
	couse (o), stoting the under-			TO STORE	
1,	lying cause lost. (c)				
é	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
3	MRKINSON	115 M			YES NO NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part	II of item 18.)	Part Name 1 and 1
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL		6	ACE OF INJURY (Home, form, 20f. (City	or town) (Co	ounty) (Stote)
WED	Hour o. m. White of world	IAOI MINIE	clary, street, artice blag., etc.)		
	21. I certify that I attended the decease	ad from File 1	1953 to Feb. 5	1058 About to	ast saw the deceased
П	9/7				
	alive an 19	, and that death	occurred at	the causes and an the	e date stated abave. DATE SIGNED
	ACTUAL PV		6.124 00	(A) DV CC	DATE SIGNED
Н	SIGNATURE	The same of the sa	M.D. 7737 Com	un 14 3,3	J. 11.
	PHYSICIAN'S	TEURGE			4
			100000000000000000000000000000000000000		
220	BHRIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCAL	ION (City, town, or county)	(Stote)
-	DURIAL 1-11-18	New CAT	LedRAL Y	ALVO	112
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	O / A 24a. REC'D BY REGIST	RAR 24b. REGISTRAR'S SIGN	NATURE
L	ChAS T EVANSYJIN	118 W. MT.	COMAL PUR DATE	0.1 -	1
			V LPT	The state of the s	

The Political Conference of the Conference of th

BUREAU V. L

8361 6 828

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 he funeral director, shauld be filed with moy be retained by the hospital or attending physician. TO FUNERAL SCTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shall be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and the registrar prior to burial, cremotian, or removal, and in day event, within 72 hours after death.

VS A1S (4) 15M 9/5S M

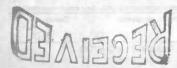
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2212 CERTIFICATE OF DEATH

Reg. Dist. No. 12182

1.	PLACE OF DEATH a. COUNTY			MARYLAND	O. STATE			d lived. If institut b. COUNT	tion: Residence	e before ad	mission)
-		ONTGOMERY Foutside corporate limit	its write	c. LENGTH OF STAY IN 16	11	MARYL		rote limits, write		IGOMER	
	RURAL ond give ne	arest town)		10 vrs.	1-1			rore limits, write	KUKAL and gi	ive nearest t	own)
-	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street		d. STREET ADDRESS						RESIDENCE
	OR INSTITUTION 8300 - 161				1		1 0.			of	A FARM?
1	NAME OF					- 161					□ NO □
3.	DECEASED	fii EDWARD WILI	LIAM I	Middle KOCH	Las	st	4. DATE OF DEATH	FEBRUARY		Day	Yeor 19 58
5.	SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	B. DATE OF BIRT	Ή	COL	9. AGE (In years	IF UNDER 1	YEAR IF U	NDER 24 HRS.
	MALE	WHITE	WIDOWE	DIVORCED	DEC. 22	. 1863	5	last birthdoy) 94 yrs		Days Hou	ors Min.
10	a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPI	LACE (Stote o	or foreign c	ountry)	12. CITI	ZEN OF WH	AT COUNTRY?
	Division Ch			U. S. Gov't.	Wash	ingtor	. D	C	11	S. A	
-	FATHER'S NAME				14. MOTHER'S			0.		O. A	•
	Warner A. H	Koch			Adol	phine	Gruer				
	WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMANT	Pitzito	OZ GCI		iress		
"	No (If yes, give war or dates of s		None Mr	s. Helen	T. Ko	oh 83	00 - 16+	h C+	041	- 0
F	18. CAUSE OF DEA	TH. (Enter only one co		ne for (o), (b), and (c).]	o, neren	Do MC	CII, OD	100 - 100	II OL.,		BETWEEN
		TH WAS CAUSED BY:		A to the same control	70		1				ND DEATH
	11201	IMMEDIATE CAUSE (o		Jo Co Co	7 su	1.72-	1100	247		6	les.
		DUE TO			1						
	Conditions, if ar	nmediate									
	couse (o), stoling t	he under-									
z	lying cause lost.) (0									
CATION	PART II. OTH	ER SIGNATION	PILIONS	CONTRIBUTING TO DEATH BU	3/		de		VEN IN PART	1(a) 19. WA	REORMED?
	Ce	recen	0	Wither	- Heron		-28-4			YES	□ NO N
CERTIFI	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture o	of injury in Po	ort I ar Port	I II of item 18.)			
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	1	JURY OCCURRED 20e. PI	ACE OF INJURY	Home, farm,	20f. (City	or town)	(Co	ounty)	(Stote)
WED	Hour a.m.	19	While of world		ctory, street, office	e bidg., etc.)				100	
		at I attended the			, 19.5	0, 10 7	las 1	4 , 19.5	that I lo	ast saw th	ne deceased
	alive an	Rds 18	. 12	2. and that death							
	111		1	A	0	" A-A	DDRESS (SI	reet, city or town,	stote)		DATE SIGNED
	ACTUAL SIGNATURE	Mouron	de	contine	MD 924	1 Colu	mbia	Blvd.,Si	lver S	pring	2/19/58
	PHYSICIAN'S										
		J. Marion	Bankh	nead							
22	BURIAL, CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEMETERY C	R CREMATORY		22d. LOCAT	ION (City, town,	or county)	(S	tote)
	REMOVAL (Specify)	Feb.22,1	958	CEDAR HILL	CEMETERY		SUIT	LAND. PR	INCE G	-	
23	FUNERAL DIRECTOR'S			ADDRESS		24a. REC'D	BY REGIST	RAR 24b. REGI	STRAR'S SIGN	NATURE .	12320
u	Januar 6	- Imphu	y,	Silver Spri	ng, Md.	DATE	reb 2 4	30 1	vires	MUN	
			·/								

FEB 24 1958



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2213 CERTIFICATE OF DEATH

Reg. Dist. No. 02183

_												
1	PLACE OF DEATH			MARYLAND	2. USUAL RESIDENCE (W	/here decease	d lived. If institution b. COUNTY	on: Residence	e before adm	ission)		
-		ntgomery f outside corporate limi	te weite	c. LENGTH OF STAY IN 1b	Maryla				gomer;			
	RURAL and give ne	earesi town)	is, with		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
-		ngsville AL (If not in hospitol, g		Years	d. STREET ADDRESS	1 10 0	201051.455					
	OR INSTITUTION			oddress)		Harrier La		e. IS RESIDENCE ON A FARM?				
=	R.F.D.	Monrovia			R.F.D.	Monr	ovia		YES	□ NO \□		
]3	NAME OF DECEASED	Fir		Middle	Lost	4. DATE	Mon	th	Day	Year		
	(Type or print)		est	T.	Larman	DEATH	Feb	/		19 58		
5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UN			
1	Male	White	WIDOWI	ED DIVORCED	Sept. 20.	1906	51 yrs.	Months L	Days Hour	s Min.		
1	00. USUAL OCCUPATIO	ON (Give kind of work a	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote		ountry)	12. CITIZ	ZEN OF WHA	AT COUNTRY		
	Paint		B	uilding Pair	nter Barne	svill	e. Md.	U	SA			
1:	. FATHER'S NAME				14. MOTHER'S MAIDEN							
	Willi	am E. Lar	man		Cathe	rine '	R. Smiti	h				
1	. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	L LIIO	Add					
1	Yes, no. or unknown)	(If yes, give war or dates of s	ervice)	17-14-7231	Mrs Mildre	d Ton	man. Mon	nnorri	a. Md			
F		TH [Fater only one co	ure per li	ne for (o), (b), and (c).]	MIS MITGIE	u nat	man, Mon	TIOAT	INTERVAL			
		TH WAS CAUSED BY:	1.		- 4	-			ONSET AN	D DEATH		
	1/20	IMMEDIATE CAUSE (o		oron ary 1	hrom Dos	15			Im n.	odiete		
н	400.	O DUE TO	0	1	, . 11	10			1			
	Conditions, if a	mmediate		terio sclere	tic Hear	TUI	sease		640	215.		
	cause (o), sloting											
١,	lying cause last.) (c										
NOITA DISTRIBUTION	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	AINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY FORMED?		
1 3									YES [] NO []		
1	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Por	t II of item 18.)					
_												
TA DICES	20c. TIME OF INJUR	Y Month, Day, Yes	or 20d. If While	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, for octory, street, office bldg., et	m, 20f. (City	or town)	(Co	ounty)	(Stote)		
1 24	p. m.	19	of wor	_ stor winte_								
	21. I certify th	at I attended the	deceas	ed from /hau	1956, to A	-ebry	214, 195	S.that I lo	ast saw the	e deceaser		
	alive on	eb. 12	. 195	8 and that deat	h occurred at 10							
		. 0	0				Ireel, city or town,			DATE SIGNED		
	ACTUAL SIGNATURE	4995.	11	Luell	ир				7/	21/18		
					_m.v	4 0 4				E-1735		
	PHYSICIAN'S NAME (Type)	WB.	Lu1	well	m	1. aur	y, m	<u>e</u>				
2	2a. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town, o	or county)	(St	ote)		
_	Burial	Feb.22	195		Meth.	Dan	mascus.	Md.				
2	B. FUNERAL DIRECTOR	1 1 11	the	ADDRESS		D BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	NATURE	7/5/		
L	Cram a	Mousin		Damascus	DATE F	FB 2 6 '	58 RU	Leau	eh			

13 A 1303 SELVED SOURCE OF SERVED AND ASSESSED. OFFICE SUSPENSE

00

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR

VS A15 (4) 15M 9/55

may be retained by the hospital ar attending physician.

TO FUNERAL COR: After this certificate has been signed by the attending physician and campletely filled in page 3 shall be detached far use as the burial-transit permit. Then please remave cerbon papers. Pages 1 and the registrar prior to burial, crematian, ar removal, and in any event within 72 hayrs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2214 **CERTIFICATE OF DEATH**

02184

								Mag. Di			
1. PLACE OF DEATH o. COUNTY	ontgomery		MARYLAND	II O. STATE	DENCE (Wharyl		lived. If instituti b. COUNTY			re odmis	
RURAL and give	N (If outside carporote limits nearest town) hevy Chase		c. LENGTH OF STAY IN 16								
d. NAME OF HOS OR INSTITUTIO	76.79	give street	address)	/ d. STREET A	DDRESS					ON	SIDENCE A FARM?
	None			#	10 F		gton Di	rive		YES	NOV
3. NAME OF DECEASED (Type or print)	Barbar		Middle Willson	Laskey	1	4. DATE OF DEATH	Mor Februa		74		Year 1958
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH	1	5	P. AGE (In years	IF UNDER			ER 24 HRS.
Female	White	WIDOW	ED DIVORCED	Oct. 1	2. 1	913	last birthday) 4.4 yrs.	Months	Days	Hours	Min.
Housew	drking life, even it refired	dane 10b.	KIND OF BUSINESS OR IND			or fareign cou		I2. CIT	IZEN O	F WHA	T COUNTR
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME					
	ss Willson			Eait	h Ev	erett					
15. WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	100		100	"She	phe	erd	St.
				Mrs. Ro	bert	Rees		evy C			
Conditions, if gave rise to cause (o), stotic lying cause los	immediate and the under-		hyperth	Hom nit 1	merc	huse Sless	v Disc	274	ONS	S U	ETWEEN DEATH
CAT	Cinnh	051	CONTRIBUTING TO DEATH, BU	luth				EN IN PART	[1(o)]	PERFO	AUTOPSY DRMED?
	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature a	f injury in F	Port I ar Part	II of item 18.)				
20c. TIME OF INJ Hour o. g		20d. II While of wor	Nat while	LACE OF INJURY (I actory, street, office	lome, farm, bldg., etc.	, 20f. (City o	or tawn)	, (C	Caunty)		(Stote)
actual SIGNATURE	that lattended the	125	and that deat	h occurred at			the causes of the cause of	nd on th		te stat	
220. BURIAL, CREMAT REMOVAL (Speci Cremation	TION, 22b. DATE THEREO)F	22c NAME OF CEMETERY OF				on (City, town, outland,		vla	(Sto	le)
23. FUNERAL DIRECTO			ADDRESS		240. REC'E	BY REGISTR		TRAR'S SIG			100
Joseph (Gawler's S	ons.	Washington	. D.C.	DATE F	n 1 0 15		1	-1		

CERTIFICATE OF DEATH

EEB 10 1028

NUMBER OF STREET

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2215 **CERTIFICATE OF DEATH** 0910c

		-	10	I	0	2
ea.	Dist.	No.				

1.	PLACE OF DEATH a. COUNTY	Montgome	ery	MARY	LAND	2. USUAL RESI		here deceased	b. COUNTY			e admis	sion)
	b. CITY OR TOWN (I RURAL and give no Bethesda	f outside corporate limi earest town)	ts, write	c. LENGTH OF STAY	IN 16				rote limits, write I	RURAL and	give nea	rest town	n) V
	d. NAME OF HOSPIT	'AL (If not in haspital, g	ive street	32 days			andrie		D'Ales	X of	A - 1	e. IS RES	UDENCE
	The Clini	cal Center	Ret	hards Il. 1	vid.			Stree		sanor.	0	ON A	FARM?
3.	NAME OF	Fig		Middle	DA 9	Lo Lo	-	4. DATE	Mai	ob.	Doy		Year
	(Type or print)	Jose	ph	Bronius		Laucka		OF DEATH	Febr		14		19 58
5.	SEX		7. MARI	RIED NEVER MARRIE	ED 🔼 8	. DATE OF BIRT			9. AGE (In years last birthday)	Months			
	Male	White	WIDOW			Januar			12 yrs.	Months	Days	Hours	Min.
100	during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHP	LACE (State	or foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
	None			None		New	York	2			U. S	. A.	
13.	FATHER'S NAME			4.5/1.4		14. MOTHER'S	MAIDEN	NAME					
	Joseph B.	Laucka				Isa	belle	A. Mo	cejunas				
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. IN	FORMANT TI	e Med	lical F	Record Add	lress			
L	No			None	Th	e Clini	cal C	enter.	Bethese	ia 14	. Mai	ryla	nd
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).							INTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	Gasta	o. Intestinal t	ne more	-mas in	en as	nit min	n			e you	DEATH
	200,0	DUE TO					1000	7					7
	Conditions, if a	ny, which)	Reti	cultura cen 5	arco	ma m	etesto	tir. +	<u> </u>) au	10	5 1	200
	gove rise to it cause (a), stating		,	and the second			10 11		1	I KK L. I.I.	八六		1,03
	lying cause last.		Kid	neus inks	hnes	i. lynn	ah r	20000			111		
ATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT I	NOT RELAYED TO	THE TERM	INAL DISEASI	CONDITION GI	VEN IN PAI	RT 1(a) 15	PERFC	AUTOPSY ORMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature o	of injury in	Part I or Part	II of item 18.)			148	
MEDICAL	20c, TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED Not while k	20e. PLA	CE OF INJURY (ory, street, offic	Home, forn e bldg., etc	n, 20f. (City	or tawn)	(County)		(State)
		at Lattended the		ed fram Janua	7777	3 10 58	to Re	hmiam	r li 10 58	3 About 1	last sa	Ab.	4
	alive on Febr	יו אייני לו	10	58, and that	dooth	الأكيب المستويدة والكورة في المستويدة م	11 - 35	PALCON		2.,indi i	1031 30	w me	deceased
	dive on 1 3203		, '/,	July and mar	deuin	occorred of			reet, city or town,		ne dat		ed abave. ATE SIGNED
	ACTUAL SIGNATURE	Theelen	Kan	-	N	.b. The				310107			5/58
	PHYSICIAN'S NAME (Type)	Theodore R	obins	son, M.D.					cutes of	Heal	th		
220	BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CEME	TERY OR				ION (City, town,	or county)		(Stat	e)
B	urial	2/8/58		Gate of	He	even		Silve	er Spri	ng N	arv	lan	d
23.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS		THOR	24a. REC	D BY REGIST	RAR 246 REGI	STRAR'S SI	GNATUR	E	12.36
	Robert	A. Pumphr	ey-	Bethesda,	Md.		DATE FE	BIOS	The state of	redu	- V		

BEST THE A. THERE BETTER become the beautiful and a BUREAU V. S. **LEB 10 1828** The annual resident from the state of the st

2216

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2216 CERTIFICATE OF DEATH

Reg. Dist. No.

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1	TR)
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1. PLACE OF DEATH o. COUNTY

the funeral director,

moy be retained by the hospitol or ottending physicion.

TO FUNERAL ECTOR: After this certificate hos been signed by the ottending physician and completely filled page 3 shall be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 of the registror prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death; Page 4

0

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low) Emory Groveuralor Redland life RFD Gaithersburgh d. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION Ammons Rest Home 3. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION Ammons Rest Home 3. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION Ammons Rest Home 4. DATE OFATH February 8, S. SEX male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOVER 18. BIRTHPLACE (Stole or foreign country) WIDOWED DIVORCED Unknown 18.79 19. ACE (In years If FUNDER IYEAR IF WIDOWED NOVER 19. ACE (In years If FUNDER IYEAR IF Pobruser) WIDOWED NOVER 19. BIRTHPLACE (Stole or foreign country) Virginia 19. FATHER'S NAME John Lee 19. ACE (In years If FUNDER IYEAR IF Pobruser) 19. ACE (In years If FUNDER IYEAR IF Pobruser) WIDOWED NOVER MARRIED NOVER 19. BIRTHPLACE (Stole or foreign country) Virginia 19. FATHER'S NAME John Lee 19. ACE (In years If FUNDER IYEAR IF Pobruser) 100. LISUAL OCCUPATION (Give kind of work done lower to done of terried) Pvt. Home 19. ACE (In years If Funder IYEAR IF Pobruser) Pvt. Home 19. ACE (In years If Funder IYEAR IF Pobruser) Nonthing Joys If Funder IYEAR IF Pobrus IVER INFORMANT Mrs. Ruby Russell. 10. INTERVONSET OCCUPATION, OF COUNTRIBUTION OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. Applying course lost. (b) OCCUPATION (If outside corporate limits, write RURAL end give neare Related to the terminal decision of the pobruser) Conditions, if ony, which gover rise to immediate Course (o), toting the moder. How printing to Death But Not Related to the terminal disease Condition Given in Part 1(o) 19. Applying course lost. (c) OCCUPATION (If outside corporate and death and the printing to Death But Not Related to the terminal disease Condition Given in Part 1(o) 19. Applying course lost. OCCUPATION (In the Significant Conditions) OCCUPATION (In the Significant Conditions) O	1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE Maryland b. COUNTY Montgomery								
A NAME OF DEFENSED OR INSTITUTION A NAME OF DEFENSED OR INSTITUTION TO REST HOME A NAME OF DEFENSED OR INSTITUTION TO REST HOME A STREET ADDRESS TO STREET ADDRESS A STREET ADDRESS A STREET ADDRESS A STREET ADDRESS TO DEATH FOR MORNIN Day TO DEATH FOR MORNIN DA		RURAL and give a	agrest town)				c. CITY OR TO	WN (If ou	tside corpo			ive nearest	town)	
AMMONS Rest Home 3. NAME OF OBETAND (CIPS AND	Emory Grovauralor Redland life						and the day		aith	ersburg	sh c	41, 4		
DECASED (Type or print) Delaware Lee Death February 8, 1. Saria for perint) Delaware Lee Death February 8, 1. Saria for perint) Delaware Lee Death February 8, 1. Saria for perint least printing life even if retired) Non-word post of working life even if retired) Down Lee 1. MOTHER'S MANDE (Stole or foreign country) Houseman Down Lee 1. MOTHER'S MANDEN NAME John Lee Sarah Ann Unknown 1. MOTHER'S MANDEN NAME John Lee Joh	d	OR INSTITUTION	MMONS Res	give street HC	oddress)		d. STREET AD	DRESS				1 (S RESIDI	ARM?
S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DINORCED 1879 1879 1879 1879 1879 1879 1879 1879	3	DECEASED			A	Aiddle			4. DATE OF DEATH			-	Yeo	or 58
10. USUAL OCCUPATION (Give kind of work deed 10b. KIND OF BUSINESS OR INDUSTRY 11. BITHPLACE (Stote or foreign country) 12. CITIZEN OF 1 U.S. A UNDERSOR INDUSTRY 11. BITHPLACE (Stote or foreign country) 12. CITIZEN OF 1 U.S. A UNDERSOR INDUSTRY 11. BITHPLACE (Stote or foreign country) 12. CITIZEN OF 1 U.S. A UNDERSOR INDUSTRY 11. BITHPLACE (Stote or foreign country) 12. CITIZEN OF 1 U.S. A UNDERSOR INDUSTRY 11. BITHPLACE (Stote or foreign country) 12. CITIZEN OF 1 U.S. A UNDERSOR INDUSTRY 11. BITHPLACE (Stote or foreign country) 12. CITIZEN OF 1 U.S. A UNDERSOR INDUSTRY 13. BITHPLACE (Stote or foreign country) 12. CITIZEN OF 1 U.S. A UNDERSOR INDUSTRY 13. BITHPLACE (Stote or foreign country) 12. CITIZEN OF 1 U.S. A UNDERSOR INDUSTRY 13. BITHPLACE (Stote or foreign country) 12. CITIZEN OF 1 U.S. A UNDERSOR 12. CITIZEN OF 1 U.S. A UNDERSOR 12. CITIZEN OF 1 U.S. A UNDERSOR 13. MICHOLOGICAL 14. MICHOLOGICAL	5. S		6. COLOR OR RACE	7. MARR	IED NEVER	MARRIED [8. DATE OF BIRTH				IF UNDER	1 YEAR IF		
14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. SATE 15. SATE 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c), 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c), 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c), 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c), 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c), 19. INFERVONSET		mare					Unknown	18'	79		Months	Days H	ours	Min.
John Lee 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Ruby Russell. 732 Hobart Pl. N. 1 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: HEMOTTHAGE PONS & Medulla 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).] PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. Arthritis Bursitis 20. ACCIDENT WAS UNDERLYING (c) EAUSE OF DEATH OF CAUSE OF DEATH HOUR O. m. 19 While of work of wor	100.	anting Wort of Moi	king life, even it refire						r foreign c	ountry)				OUNTRY?
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The continuence of the course of the cours		John Le	00				Sarah	Anı	1	Unkn	OWN			
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Hour o. m. 19 White of work o	CERTIFICATION	Conditions, if of gove rise to couse (o), stoling lying couse lost. PART II. OT 20a. ACCIDENT WOR CONTRIBUTION	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (DUE TO Ony, which the under. HER SIGNIFICANT COI Arthritis GUALSE OF DEATH	o) H	emorrh erebra yperte ontributing dursiti	age P l Scl nsive	erosis Renal	Dis	ease		EN IN PAR	ONSET	day	ITOPSY AED?
alive an		Hour o. m.		While	Not while	for	ACE OF INJURY (Hotory, street, office b	ildg., etc.)						(Stote)
220. BURIAL, CREMATION, 22b. DATE THEREOF 2/12/58 2/12		ACTUAL SIGNATURE	labely	Sew	ed fram, and	that death	M.D	2:30	M, fran	n the causes a	nd an fi	ne date :	DATE 2/9	abave. E SIGNED
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	_		2/12/58	OF 3			R CREMATORY	2	22d. LOCAT	ION (City, town, c	r county)		(Stote)	
	(FUNERAL DIRECTOR	issignature Showk	en	ROCKV	ille,	Md.		8Y REGIST			MATURE		

TO HOSPITAL OR VS A15 (4) 15M 9/55 MARYLAND STATE DESCRIMENT OF HEALTH—BALTIMORE, 18
2216 CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH DECEDA ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 12 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Resigence before admission) o. COUNTY b. COUNTY MARYLAND 027 omell b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give gearest town) RURAL and give nearest town a coma d. NAME OF HOSPITAL (If not in hospital, give street address d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO I NAME OF 4. DATE Middle Lost Month Doy Yeor DECEASED OF DEATH (Type or print) 195 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours WIDOWED DIVORCED yes 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign counts) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Professor acher College 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN W. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?

YES X NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour 0. m While Not while of work of work

22c. NAME OF CEMETERY OR CREMATORY

CEMETERY

SPRING, MD.

PARKLAWN

ADDRESS

1958, that I last saw the deceased

(State)

MARYLAND

, and that death accurred at 1 COPM, from the causes and an the date stated above

22d. LOCATION (City, town, of county)

COUNTY.

24b. REGISTRAR'S SIGNATURE

MONTGOMERY

24g. REC'D BY REGISTRAR

þ 00

21. I certify that I attended the deceased from

PHILIP E.

22b. DATE THEREOF

JONES

ACTUAL PHYSICIAN'S

NAME (Type)

220. BURIAL CREMATION.

FUNERAL DIRECTOR'S SIGNATURE

with

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death. ero

> VS A15 (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEACH—BALTIMORE, 18

4

BUREAU V. E.

1328 13 1328

DECENTED

9.0%

ADDRESS

Pumphrey-Bethesda, Md.

02189

e. IS RESIDENCE YES NO I

Year

19

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

Ola.

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE

FFR 1 0 '53

Rea. Dist. No.

Months

10 VS A15 (4) 15M 9/55



23. FUNERAL DIRECTOR'S SIGNATURE

BUREAU K. Z.

FEB IO 1958

5 e da

02190

M)	1. PLACE OF DEATH a. COUNTY Montgomorus MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE) & COUNTY	Panta
91	b. CITY OR TOWN (If outside forporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If pulside corporate limits, write RURAL and g	ive nearest town)
mt.	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	1 d. STREET ADDRESS. Pt. 2 Bay 25 D.	e. IS RESIDENCE ON A FARM? YES NO
-/-1	3. NAME OF DECEASED (Type or print) Aprim an ClintoN h	LINC DEATH 9	Doy Year 21 1958
	5. SEX 6. COLOMOR BACE 7. MARRIED NEVER MARRIED DIVORCED	The state of the s	YEAR IF UNDER 24 HRS. Doys Hours Min.
	Job. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIJTHPLACE (Stole or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
	12-FATHER'S NAME	14. MOTHER'S MAIDEN NAME	/
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1701. no. or uphnowly 1 (If you give wor or dates of service) 578-09-0845	ISTER ELSIE G. Pond B	or hawrene
	18, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAOMRING	Least Risease.	INTERVAL BETWEEN ONSET AND DEATH
	420. / DUE TO Acute myocardial	Infarction	
	gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO Coronary Insuffic	ciency	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 (a) 19. WAS AUTOPSY PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURIOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature af injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 While at wark at work 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (C factory, street, office bldg., etc.)	County) (State)
	21. I certify that I attended the deceased fram. All alive an All 21. 1258. and that dea	th accurred at G'15 PM, from the causes and an th	last saw the decease
	ACTUAL Faul Clanton	ADDRESS (Street, city or town, state) M.D. #109 Month former	Lane DATE SIGNE
-	PHYSICIAN'S NAME (Type)	Blithesda 14 m	12
	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY BUTIAL Feb. 26,1958 Arlington	4 9 4 4 774	(Stote) ginia.
	23. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page TO HOSPITAL OR VS A15 (4) 15M 9/55 BUREAU V. S. EEB 36 1328

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2219 CERTIFICATE OF DEATH

(12191

1. PLACE OF DEATH o. COUNTY Montgomes	rv		MARY	LAND	2. USUAL RESIDE		ere deceased	lived. If instituti b. COUNTY		nce before	admissi	on)
	(If outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b			utside corpor	rate limits, write R	URAL ond	give neare	est town)	
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g		address)	Md.	d. STREET A	DDRESS				e.	IS REST ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Fin David	st	Middle Eugene		Lost		4. DATE OF DEATH	Februa		Doy 24		9 58
5. SEX Male	6. COLOR OR RACE	7. MARR	EIED NEVER MARRIE		8. DATE OF BIRTH		1941	9. AGE (In years last birthday) 16 yrs.	IF UNDE Months	Days	F UNDE Haurs	R 24 HRS. Min.
10a. USUAL OCCUPATE during most of wo Student 13. FATHER'S NAME	ION (Give kind of work of rking life, even if retired)		KIND OF BUSINESS O	R INDUS		ACE (State	or foreign co	ountry)		S.		COUNTRY
	D. Macon						Wade					
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. H	NEORMANT TH			Record Add	lress			
(Yes. no. or unknown) No	(If yes, give war or dates of si	ervice]	None		e Clinic					Mar	ylan	id.
Conditions, if gove rise to couse (o), stoting lying couse lost	the under-	Con	VATICULARING TO DE	C + HATI	Portice NOT, RELATED TO	SA THE TERMIN	into	CONDITION GI	VEN IN PA		WAS A	AUTOPSY
3 40	utE fa	umo	ONALY	E	dema.						PERFOI YES 📆	RMED?
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY O									
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Doy, Yes	While of wor	NJURY OCCURRED Not while k at work	20e. PU fac	ACE OF INJURY (I ctary, street, affice	bldg., etc.)		Dist.	(County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the prusry 24 Carlos R. ON. 22b. DATE THEREO	Lomb	Beido	death	M.D. The C The N Bethe	3:00 Clinic	AM, from ADDRESS (SI al Ce al In II, Ma	reet, city or town,	ond on stote)	the date	state 2/2 h	ed abave TE SIGNED 24/58
23. FUNERAL DIRECTOR	2/24/58	3 1	ADDRESS IN C	ah	D C	24a. REC'I		sper, A	laba	ma	(Stote	=1
		-29	01 14th"S	t.,	N.W.	DATE F		58 QU	Les	uch		

CERTIFICATE OF DEATH



FER S2 1828 LINE 1



VS A1S (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2220 CERTIFICATE OF DEATH

Reg. Dist. No. 12192

1. PLACE OF DEATH a. COUNTY	Montgomer	7	MARYLAND	2. USUAL RESIDENCE (W	here deceased		n: Residence befo		
b. CITY OR TOWN (If outside corporate fimits	s, write c. LENGTH OI	F STAY IN 16	Scity or town (if Silver Sp		ote limits, write RL	JRAL ond give ne	arest town	1)
d. NAME OF HOSPI OR INSTITUTION 9707 Br	TAL (If not in hospitol, giistol Avel	ve street oddress)	,	9707 Bris	stol A	venue			FARM?
3. NAME OF DECEASED (Type or print)	Robe	ert	Middle	Main	4. DATE OF DEATH	Feb.		,	Year 19 58
s. sex male	white	100	VORCED 🗌	5/14/1885		72 yrs.	Months Doys	Hours	R 24 HRS. Min.
Sheet Me	king_life, even if refired)	one 10b. KIND OF BUSIN	NESS OR INDUST	Washir	e or foreign cong ton,	D.C.	12. CITIZEN O	S.A	
13. FATHER'S NAME Robe:	rt Main			14. MOTHER'S MAIDEN Nelli	NAME Le Fly	nn			
15. WAS DECEASED EVE (Yes. no. nothown)	ER IN U. S. ARMED FORCE (It yes, give war ar dates of ser	16. SOCIAL SECURI (vice) 579-03-0		ormant hn G. Main	-970	7 Brist	Silve	r Sp	ring Md.
Conditions, if a gove rise to i couse (a), stoting lying couse last.	the under- (c).	My pente	twe p	least for	lente	Heart	ON ON	ERVAL BE	DEATH
PART II. OTI	HER SIGNIFICANT COND	Cerebra	0 1/	OT RELATED TO THE TERM			EN IN PART, 1(o)	PERFO	AUTOPSY PRMED?
	MEDICAL EXAMINER)		ED 20e. PLAC	(Enter nature of injury in	m, 20f. (City		(County)		(Stote)
20c. TIME OF INJUR Hour a.m. p. m.	19	While Not while of work	focto	ry, street, office bldg., etc	c.)	77			
actual SIGNATURE	Semand A.F	a differ	colof M.	19.58, 10.7 coursed at 1.51 D. 217 16		the causes ar		te state	
220. BURIAL, CREMATIC REMOVAL (Specify) DUPI al	2/25/19	58 Mount		t Cemetery	22d. LOCATI	ON (City, lown, or hingtor	county) .C.	(Stote	e)
The S.H.H	ines Co	2901 1/10 th	St.DNc	W . 24o. REC	D BY REGISTR	0 /	TRAR'S SIGNATU	RE	

CERTIFICATE OF DRAILE

Surrough the control of the control

Administration of the country of the



within 24 hours

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HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. K.

FEB 10 1953

FOR STATE HEALTH DEPT.

iter death. If any delay is necessary, please 1, 2, and 3 to the fune of director. Page 9. Page 5 may be retail or your files. I and 2 with the State board of Mealth, thin 72 hours after death.

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15	. A	151	IN FUNERAL RECTOR: Page 3 shauld be used as a burial-transit permit. File page		
5	M 2	2/5	7		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REDICAL EXAMINER'S CERTIFICATE OF DEATH

REDICAL EXAMINER'S CERTIFICATE OF DEATH

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	1.7	NA	U	I
Rea.	Dist.	No.		

•		DEACE OF DEATH	ntgomery	2.00	MARYLA		d. STATE	vland	sed lived. If institu b. COUNT	Y		ore odmiss	
5			outside corporate limits, writ	• RURAL	c. LENGTH OF STAY IN approx. 4vr		c. CITY OR TOWN (IF	autside cor	porale limits, write				-W
H			AL OR INSTITUTION	If not in he	ospitol, give street oddress)		Rockville	06				e. IS RES	SIDENCE
3			din Avenu		,		1325 Grandin Avenue						FARM?
4	3. !	NAME OF DECEASED	Fir	57	Middle		Last	4. DATE OF	Month	1	Day	Yes	ar
		(Type ar print)	Lorrai	ne	Barto	1	MARZO	DEATH	Februa	ıry	12	19	58
	5. S	EX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED] 8. D.	ATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDE		IF UNDE	
	F	'emale	White	WIDOW	ED DIVORCED	5/	23/1918		39 yrs.	Months	79	Hours	Min.
	10a.	. USUAL OCCUPATION In the state of working Housewif	ig life, even if retired)	done 10b.	KIND OF BUSINESS OR INC	DUSTRY			country)	12. CI1		WHAT C	OUNTRY?
	13.	FATHER'S NAME	е			1	New Jerse Mother's Maiden N				U,	5A	
		7777124 9 177712	TT 1										
	15	WAS DECEASED EVI	UNKNOWN ER IN U. S. ARMED FO	PCECO 114	S. SOCIAL SECURITY NO. 11	7 10150	Unkn Unkn	own	***				
	{Yes.	, no, or unknown)	(If yes, give wor or dates of		S. SOCIAL SECURITI NO.				Address				
	1	10			Unknown	N	lontg. Co.	Pol	ice Dep	t.			
			TH [Enter anly ane car	ise per line	• for (o), (b), and (c).]						INTER	T AND DEAT	N H
н		PARI I. DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	A:	lcohol & Car	bon	monoxide	poiso:	ning				
		916,0	DUE TO										
V		Canditions, if any, which (b) gave rise to immediate cause											
		gave rise to immed (a), stating the	A DILLE TO										
		couse last. (c)											
	3	PART II, OTH	FER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NOT	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1		
2	ΥL	Found dead in her home which was afire											
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.											
		20c. TIME OF INJUI		r Ind	. INJURY OCCURRED 20e.	DIACE	OF INTERIOR ITTER	. 005 1011					10
	MEDICAL	10:30 P.M.2		Whi	ile Nal while	factory,	OF INJURY (Home, form street, office bldg., etc.) _		Mont	ounly)	Mary	(Stote) vland
		21. I certify th	not I took charge	of the	remoins described o	bove	, held an Autops	y [2], II	nspection .	Inqui	гу П	ond	in my
H					causes, Acciden	-	_		, Undete	rmined	monne	r 🔲	
		ACTUAL SIGNATURE	Trank la	B	arrhant	٨	A.D. CHIEF MEDICAL EX	AMINER [DATE SIG	GNED
5			40000	, , ,			ASSISTANT MEDICA	AL EXAMINE	R 🔲				
		EXAMINER'S NAME (Type)			schart, M. D.		DEPUTY MEDICAL I				y 1	3, 19	58
	22a	 BURIAL, CREMATIO REMOVAL (Specify) 	N. 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CR	EMATORY	22d. LOCA	TION (City, town, o	or county)		(Slote)	
	B ₁	ur-Trans	it 2/13/5	8	Greenwoo	d	24o. REC'I	Plea BY REGIST	RAR 246. REGIS	TRAR'S'SI	Nev	Jer E	sey
	R	obert A.	Pumphrey	7	Bethesda,	Mar	yland DATE B	8 '58	(but	2011	!		

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY O. STATE MARYLAND amer OUNTU b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town) SILVER RING Roma ar. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NAME OF First Middle DATE Lost 0 DECEASED (Type or print) Fuller DEATH asseu 1002 20 9. AGE (In years 6. COLOR OR RACE 7. MARGIED NEVER MARRIED B. DATE OF BIRTH fast birthday) Ma WIDOWED | DIVORCED T with O 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 2 et JOYERINMEN ansas mechanica CNG 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME CYCKYXXXXX Page 5 Unknown Massev unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) Mrs. Dorothy W. Massey, 752 Silver Spring Ave. Give PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY otchuser IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which alang gave rise to immediate cause pino DUE TO (a), stating the underlying couse lost. 'pending' in iner's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19, WAS AUTOPSY g 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) CAUSE OF DEATH. should 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) factory, street, affice bldg., etc.) While 0. m Not while at work ot work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy \(\pi\). Inspection X. deoth resulted from: Notural couses XI Accident . Suicide . Homicide . Undetermined cause the Chic S cat ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** forwarde FUNER DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 CEDAR HILL BURTAL 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR VS. A 15ME(5) , SILVER SPRING. MD. Jumphray DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Rea. Dist. No. e. IS RESIDENCE v.e ON A FARM? YES NO K Mont Day Year 19 2 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY? Address Silver Sprimeraled PERFORMED? YES | NO X (Caunty) (Stote) Inquiry X, and find that DATE SIGNED PRINCE GEO. COUNTY. MD. 24b. REGISTRAR'S SIGNATURE

5M 9/55

FEB 11 1053

BUREAU V. S.

THE DAY RESIDENCE WHEN THE THE PARTY OF THE

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the word "pending" is pending in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should the warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained by your files.

TO FUNERAL EXECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State espand of Health, an its designated agent, prior to burial, cremation, ar removel, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 12196 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

And the second s		J p						
1. PLACE OF DEATH o. COUNTY MO	ntgomery	56%	MARYLAND	o. STATE Ma:	(Where deceo	sed lived. If institutio b. COUNTY		gomery
b. CITY OR TOWN (IF and give nearest town) Betheso		RURAL C	LENGTH OF STAY IN 16	X Bethesda	,	parate limits, write RU	JRAL and give	neorest lown)
	antington P			5416 Hur		n Parkway	7	e. 15 RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED	Firs		Middle	Lost	4. DATE	Month	Do	y Year
(Type or print) 5. SEX	ATCHAE		B. MCEN		DEATH		7 18 FUNDER TYEA	19 58 R IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED	12/18/8/8B2	-19-11	1 46 yrs.	Aonths Doys	Hours Min.
during most of working	g life, even if retired)		D OF BUSINESS OR INDUST	**		country)		OF WHAT COUNTRY US
13. FATHER'S NAME	/	Let	f employed	14. MOTHER'S MAIDEN	-			US
Geo. Teld	P. McEn		CIAI EECHBINANO TAT	Mabe Mabe	el Bro	oke		
(Yes, no, er unknown)	ER IN U. S. ARMED FOR (If yee, give war or dates of t	ervice)		sther S. I	McEnti	Address	me as	2d
Conditions, if o gove rise to imme (o), storing the couse lost.	diote cause underlying DUE TO (c).		onary Occlus					Sudden
PART II. OTH	HER SIGNIFICANT CON	DITIONS CON'	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEA	SE CONDITION GIVEN	V IN PART 1(o)	PERFORMED? YES NO
20g. EXTERNAL CAPRIMARY OF CO. CAUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCRIBE H	OW INJURY OCCURRED. (Enter noture of injury in f	Part I ar Part I	l of Item 18.)		
20c. TIME OF INJU Hour o, m. p. m.	RY Month, Day, Yea	While	Not while of work	CE OF INJURY (Home, fo lory, street, office bldg., e	orm, 20f. (Cit	y or lown)	(County)	(Stole)
			mains described abouses 🛣, Accident				Inquiry D	
ACTUAL	hour g.	Bros	rhart	M.D. CHIEF MEDICAL				DATE SIGNED
EXAMINER'S NAME (Type)	Frank J. B	roscha	art, M. D.	DEPUTY MEDICA	AL EXAMINER	Febru	uary 1	8, 1958
220. BURIAL, CREMATIC REMOVAL (Specify	1 0 /00 /0	F 22	Re. NAME OF CEMETERY OF			ATION (City, town, or	7.5	(Stote)
Bur-Trans 23. FUNERAL DIRECTOR		8 1	Mt Hope C	emetery 240. RE	EC'D BY REGIS	TRAR 246 REGISTI	RAR'S SIGNAT	
Robert A.	Pumphrev	Beth	nesda. Marv	land DATE	EB 2 4 3	os which	eauch	

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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	e retained by the haspital ar attending physician.	CLOR: After this certiticate has been signed by the attending physician and completely filled in the funeral director.	s shaving the detached for use as the burial-transit permit. Then please remaye carban papers. Pages I and Z should be filed with	istrar prior to huring presention or common and in one event within 70 bourse often death
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erificate be executed within 24 hours after death: Page	physician and completely filled in the funeral director, emove carban papers. Pages I and Z should be filed with fourst-after death.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, To

2223 **CERTIFICATE OF DEATH** Reg. Dist. No. 2197

1. PLACE OF DEATH o. COUNTY Montgomer	cy		MARY	(LAND	2. USUAL RESI o. STATE Mary		ere decease	d lived. If institu b. COUNT			
b. CITY OR TOWN (I RURAL and give no	f outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	utside corp	prote limits, write	RURAL ond	give neare	st town)
Bethesda			22 day	S	Hyatt	svill	.e	16	15.2.		
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi	ve street	address)		d. STREET A	DDRESS				e.	IS RESIDENCE
	ical Center	. Be	thesda 14.	Md.	7922	15th	Avenu	e			ON A FARM? YES NO TE
3. NAME OF DECEASED	Firs	ıt	Middle		los	it	4. DATE	Mo	nth	Day	Year
(Type or print)	Elwo		Rodge		McNut	t,Jr.		Febru	ary	20,	19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED 🔼 NEVER MARRI	ED 🔲	8. DATE OF BIRT	Н	W-11	9. AGE (In years last birthdoy)	IF UNDER		UNDER 24 HRS.
Male	White	WIDOW	ED DIVORCE	D	November	22,	1930	27 yrs		Days I	dours Min.
10o. USUAL OCCUPATIO	ON (Give kind of work ding life, even if retired)	one 10b.	KIND OF BUSINESS C	OR INDUS	STRY 11. BIRTHPE	ACE (Stote	or foreign o	country)	12. CI	TIZEN OF	WHAT COUNTRY?
Assistant			Restaurant		Per	nsylv	ania			U.S.	A.
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
Elwood R	. McNutt, S	r.			Myr	tle R	van				
15. WAS DECEASED EVE	R IN U. S. ARMED FORG	ES? 16.	SOCIAL SECURITY NO). 17. II	NFORMANT TY	ne Med	ical	Record Ad	dress	-	
Yes	Korean	THE PARTY OF	nascertain	1 -				ter, Bet		7/1.	Marvl and
	TH [Enter only one cou				0	A	1		1	INTER	AL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	an	tro intestin	RAL	Remin	hoge	(m	asseve		ONSET	AND DEATH
153.8	DUE TO	1	- VIUI	9.00	100,000,	0	1		1	-	hour
Conditions, if or		CA	TIMBALL.	14	in ralana	wit	1 200	starting	en	1 3	70
gove rise to in	mmediate (DUE TO	La	, com me o	1	V Cotto	- woo	V Pro				nous
lying couse lost.	the under-	U	agration	حم	nali)	ブン				121	412
	ER SIGNIFICANT CONE	OITIONS (ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	VEN IN PAR	RT 1(o) 19.	WAS AUTOPSY
8 042.0			Salmor	rela	Essis	, he	mat	oganor	es		PERFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY O	CCURRE	D. (Enter nature o	Finjury in f	Part I ar Pa	rt (Clof item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED Not while t of work	20e. PLA	ACE OF INJURY (story, street, office	Home, farm, bldg., etc.	, 20f. (Cit	y or town)	(1	County)	(State)
21. I certify th	at I attended the	deceas	ed from Janua	rv 2	9 1958	to Fe	bruar	v 20 1958	.that 1	last saw	the deceased
alive an Febr		_, 195		death	accurred at	1:35	PM from	n the causes	and on t	he date	stated above
			100					treet, city or town		ne dute	DATE SIGNED
ACTUAL	wold M.	10	allun		un Th	ne Cli	nical	Center			2/27/58
								titutes	of He	alth	
PHYSICIAN'S NAME (Type)	onald M.Wat	tkin,	M. D.					Marylan		0.2	
220. BURIAL, CREMATION	N, 22b. DATE THEREON		22c. NAME OF CEMI	ETERY OI				TION (City, tawn,			(State)
Bur-Transi	t 2/21/5°	7	Union	Ceme	eterv	15-51		v Kensi		n. Pa	
23. FUNERAL DIRECTOR'S			ADDRESS	- Cinc	2301	24a. REC'E	8Y REGIS		ISTRAR'S/SI		1
Robert A.	Pumphrey	7 R	enhesda,	Mar	haelm	DATE	FEB 2	4 '58	W.A.	educ	h
			dulle sud,	MG	утана						

MTARG TO STADISTING



FEB 24 1958



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2224 CERTIFICATE OF DEATH

Reg. Dist. No.

02198

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1. PLACE OF DEATH o. COUNTY			MARYLAI		STATE	ENCE (Whe	ere decease	d lived. If instituti	on: Reside	nce before a	dmission)	
	ONTGOMERY		MARTIA	NED	Ma	arvla	and		Mon	tgome	rv_	
b. CITY OR TOWN (RURAL and give n	If outside corporate fimit earest town)	s, write	c. LENGTH OF STAY IN	1b	c. CITY OR TO	DWN (If ou	itside corpo	prote limits, write R	URAL ond	give nearest	town)	
Betheso	la			X		hesd	a					
OR INSTITUTION	TAL (If not in hospitol, gi	ve street or	ddress)		. STREET AD	DRESS					S RESIDENC	
	rland Driv				6005	Ryl		Drive			5 NO	
3. NAME OF DECEASED	Firs	t	Middle		Lost		4. DATE	Mon	th	Day	Yeor	
(Type or print)	Eliz	abet	h Mary	Me	nkert		DEATH	Feb.		2	1958	2
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DA	TE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER	R 1 YEAR IF		
Female	White	WIDOWED	DIVORCED	0 2	2/7/79)		/8 yrs.	Manth	25 H	ours Mi	n.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work d king life, even if retired)	one 10b. K	IND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLA	CE (Stote o	or foreign o	ountry)	12. CI	TIZEN OF W	HAT COUN	ATRY?
Executiv			offee & T	'ea	Wash	ingt	on.	D. C.		USA		
13. FATHER'S NAME					MOTHER'S A					2011		
								N. S. S. S.				
Conra	d C. Eber	•				Sop	hia	Aigler				
5. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCE	16. Se	OCIAL SECURITY NO.	17. INFOR	MANT	537		Add	ress			
No		No	ne	Mrs.	Edna	Hol	lora	n, sist	er	sam	e as	2d
	ATH [Enter only one cou		/ · · ·					, , , , , ,			L BETWEEN	
	TH WAS CAUSED BY:				MI	11.			od.	ONSET	AND DEAT	Ĥ
11001	IMMEDIATE CAUSE (o)		work	an	100	THE	RIA	n un	4			
70000	DUE TO		0.	(0.	00	1	. 1		1	0	
	Conditions, if ony, which (b) Myocarded market (Clay											
gove rise to immediate couse (a), stating the under-												
lying couse lost.	the under-		111011	1/1	1	111	0,00	minim	,	U	en.	4
	J (c)	OITIONS CO	INTRIBUTING TO DEATH	BUT NOT	FEMTED TO	TU TE MIL	IAL DISSAS	E COMPLETON OF	EN LINE DO	N 14-1	MAC ALLYCON	
2 / / / / / / / / / /	TO STORE CONE	. O	THE TO DEATH	- NOI	WELLIED IO	THE MIN	VAL DISEAS	CONDITION GIV	EN IN PAI	KI 1(0) V	VAS AUTOP ERFORMED?	
	Lev	un	ary.	1	LAK	lui	1	cero	24	YE	S NO	1
PART II. OTI	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	SIBE HOW INJURA OCCU	JRRED. (En	ter noture of	injury in Po	ort I or Por	t II of item 18.)				
		20d INI	URY OCCURRED 200	PLACE C	OF INJURY (He	ome form	1 206 (Cit.	or town)	,	C	15.	1.1
Hour o.m.	19	While of work	Not while	foctory,	street, office l	bldg., etc.)	201. (CII)	or town)	-	(County)	(Ste	ate)
	at 1/attended the		7/1	15	4/40	to 7	1/2	1500	Al 1	laut.	ul I	
1	di dileilueu ine				17	10	7			last saw		
alive on	1-4-2-8	_, 19	, and that de	eath occ	urred at	P	M, frgr	n the causes o	nd on t	he date s		
	7/2	0 1			4	/ A	DORESS (S	treet, city or town,	state)		DATE SIG	SNED
ACTUAL SIGNATURE	toler	1-6	ury	M.D.	106	20-	100	cara (he	0	2/2	15
	XX	X	-			2.	-	1		20	1	12.
PHYSICIAN'S NAME (Type)	John J.	urry			1	100	. 0-	Char		lila	2	
20. BURIAL, CREMATIO				W. 0.5. 55		1	27.	Ann	7-9	1 111	4	
REMOVAL (Specify)			22c. NAME OF CEMETER	CT OR CRE	MATORY		ZZd. LOCA	TION/City, town,	or county)		(Stole)	
Burial	2/4/58		Druid Rid	ge (emete	rv	Ba	ltimore		Ma	rvlar	ıd
B. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	0	2	24a. REC'D	BY REGIST	RAR 24b. REGIS	TRAR'S SI			
obest A	Pumphner	Pa	thords N	[onsel	and I	DATE		0	7	- 11		
obert A.	Transportes y	De	thesda, N	rar. A.	allo I	DAIL TO	2 156			-1-		

had provening appointed a year continued to the

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VS A15 (4) 15M 9/55

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requires indi the decir definitione of executed within 24 hours quel decin. Tage 4		ien signed by the ottending physician and campletely filled the funeral director,	onsit permit. Then please remove corbon popers. Pages 1 and 2 should be filed with	
HOURS	1		2	
47 HILL		ly filled	oges 1	
cored wi		complete	opers. F	th
מב בצב		puo u	prbon p	fter dec
ermicore		physicia	emove co	and in any event within 72 hours after death
Deolu C		ottending	pleose r	within 72
or me		the c	Then	- ave
ores in		gned by	permit.	in any
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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U	PW.	1	U	2)

		211	CERTIF	ICATE OF DEATH		Reg. Dist. No.
1.	PLACE OF DEATH O. COUNTY That a ome	rw Co	MARYLA	II a STATE -	b. COUNTY	ni Residence before admission)
	b. CITY OR TOWN (If outside co	arporate limits, write c	LENGTH OF STAY IN	16 c. CITY OR TOWN (IF out	ide carporate limits, write RL	
I	akoma Par	k Md.	DOA.) Hyatts	suille m	19.10
1	d. NAME OF HOSPITAL (IF not in or institution	C 7 . 3	Hosp	d. STREET ADDRESS	rexelst	IS RESIDENCE ON A FARM YES NO NO
3.	NAME OF DECEASED (Type or print)	First	Meus	au (Instin	DATE Mant	b Doy Year / 6 19 5 8
5.	SEX 6. COLO	R OR RACE 7. MARRIEL	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
	171	WIDOWED WIDOWED		1 4-29-1	0 47 yrs.	
10	a. USUAL OCCUPATION (Give kind during mast of warking life ever	ind of work dane 10b. Kill ren if retired)	ND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (State or	fareign cauntry)	12. CITIZEN OF WHAT COUNTRY
12	FATHER'S NAME	rkeryl		14. MOTHER'S MAIDEN NAM	end.	USH.
1	Willian	n Thoma	s Meusha	eur Edit	h. I	Dingee
	WAS DECEASED EVER IN U. S.	ARMED FORCES? 16. SO or or dates of service)	CIAL SECURITY NO.	17. INFORMANT	Addr	ess
	18. CAUSE OF DEATH [Enter	anly one cause per me	or (a), (b), and (c).}	1 2		INTERVAL BETWEEN ONSET AND DEATH.
	PART I, DEATH WAS C	AUSED BY: TE CAUSE (o)	rysca	deal refor	elin	Soul de Conde
	420.1	DUE TO	21	0	0 1	-0 911
	Canditians, if any, which	(0)	Brone	in arling 1	Unit Mice	ne 2/2 yrs
	cause (o), stating the <u>under-</u> lying cause last.	A DUE TO			, ,	0
CATION	PART II. OTHER SIGNIF	CANT CONDITIONS COL	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
CERTIFI	20a, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	YING 20b. DESCRI OF DEATH EXAMINER)	BE HOW INJURY OCC	URRED. (Enter nature of injury in Por	t I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Hour a. m. p. m.	Doy, Year 20d, INJU While at work [Nat while at wark	le. PLACE OF INJURY IHame, farm, factory, street, affice bldg., etc.)	20f. (City or tawn)	(Caunty) (State)
	21. I certify that I atte	nded the deceased	from 195	5 19 15 ch	15 57	that I last saw the decease
	alive on turs		7			nd on the date stated abav
	ACTUAL Celest	B Trey M	Bin P	_MD. 7105	Kigger Ro	e adelphi
	PHYSICIAN'S Rober	+ B. IR	eylaip	me aut ma	(Well San	* Hop.) mo
220	BURIAL, CREMATION, 22b. D.	ATE THEREOF	22c. NAME OF CEMETE	RY OR CREMATORY 27	Ed. LOCATION (City, 104m, o	s'county) (State)
23.	FUNERAL DIRECTOR'S SIGNATURE OF	Hous 3	ADDRESS / the	A DATE FEE		TRAR'S SIGNATURE
-						A AMERICAN AND AND AND AND AND AND AND AND AND A

CERTIFICATE OF DEATH

TO FUNERAL

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

02200

		222	O CERTIII	ICAII	OI DEAT			Reg. Dist.	No.
a. COUNTY	Montg		MARYLA		USUAL RESIDENCE (Wo. STATE		d lived. If institution b. COUNTY	ni Residence t	
b. CITY OR TOWN (I RURAL and give no GATE)	earest town)	limits, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (IF Gaith		D. O. L. S. C. L. C.	IRAL and give	nearest town)
d. NAME OF HOSPIT OR INSTITUTION		Gener	oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO G
3. NAME OF DECEASED		First	Middle	- II	Lost	4. DATE OF	Monti	h	Day Year
(Type or print)	Anne		Irene		Meyer	DEATH	Feb 1	6	19 58
Female	White	CE 7. MARR	IED NEVER MARRIED DIVORCED	LEL	ATE OF BIRTH	920	9. AGE (In years last birthday) 217 yrs.	Months Da	EAR IF UNDER 24 HRS ys Hours Min.
			KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign c	Arr and	12. CITIZE	N OF WHAT COUNTR
HOUSE K	cepin		Home Work	1,	MOWPORT		. Va,	III S	3 A
				1	. MOTHER 5 MAIDEN	NAME			
Henry					Anne Ge	orgia	Kuhule		
5. WAS DECEASED EVE	R IN U. S. ARMED If yes, give wor or dote		SOCIAL SECURITY NO.	17. INFO	RMANT		Addre	155	
				He	enry T. M.	ever.	Gaither	rshire	r. 15d
18. CAUSE OF DEA	ATH [Enter only on	e cause per lin	ne for (a), (b), and (c).]						INTERVAL BETWEEN
	TH WAS CAUSED	BY:							ONSET AND DEATH
	IMMEDIATE CAUS	- 1-	UREMIA						3 DIXYS
Conditions, if a	ny, which)	(b)	Nepha	265	Legos	15			is yrs
gove rise to in coduce (a), stating lying cause last.		(c) /5	CUTE	DE	NAL I	- A11	IDE		USHE
PART II. OTH	01	CONDITIONS	ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIVE	N IN PART 1(PERFORMED?
PART II. OTH	AS UNDERLYING	3/E/T	CRIBE HOW INJURY OCC	URRED. (E	nter noture of injury in	Port I or Por	t II of item 18.)		YES NO
	MEDICAL EXAMINE	R)							
20c. TIME OF INJUR Hour o. m.		Year 20d. It White at work	_ Not while	De. PLACE foctory,	OF INJURY (Home, farr street, office bldg., et	m, 20f. (City	or town)	(Cour	nty) (Stote
21. I certify th	nat I attended		in .	THE	1958, to	16 I s	R 1958	That I las	t saw the deceas
alive on	5 110	B . 19 5	and that d	eath ac	curred a 3.257	PM. from	n the causes or	nd on the	date stated above
							treet, city or town, s		DATE SIGN
ACTUAL SIGNATURE	ndon!	Lass	mura s	M.D.	26 N. S.	SMM 1	TAY	E	177419
PHYSICIAN'S NAME (Type)	Gordon S	· Ros	enberger.						
220. BURIAL, CREMATIO	N, 22b, DATE THE	REOF	22c. NAME OF CEMET	ERY OR CR	EMATORY	22d. LOCA	TION (City, town, or	county)	(State)
REMOVAL (Specify)	2-2	0-58	Forest C	ak.	Cemetery		thersbur		
3. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			D BY REGIST		RAR'S SIGNA	FURF
Lrnest	C.Gartn	er, Ga	aithersbur	g. M	d. DATEFE		. 11 1 /	-esuel	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2226 CERTIFICATE OF DEAT

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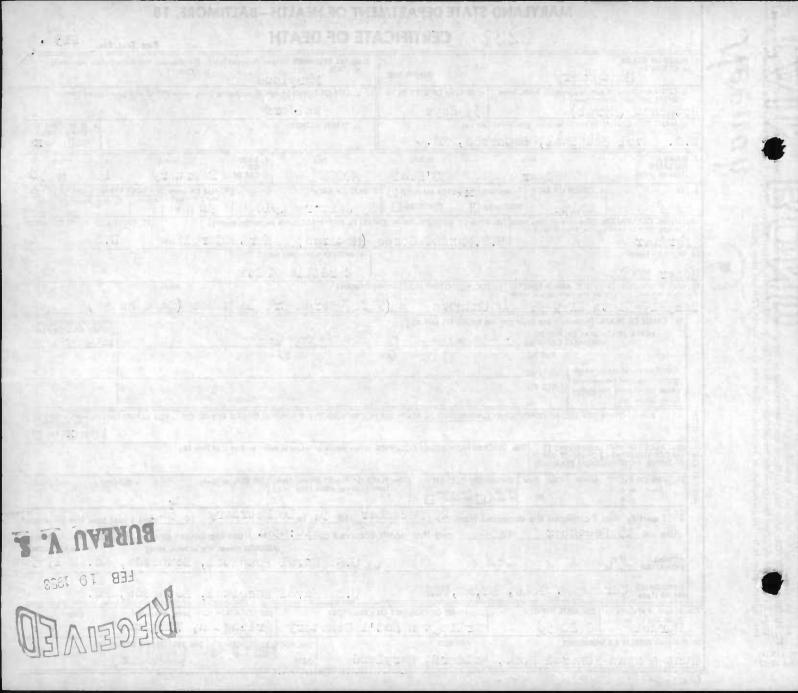
		266	6 CERTIF	ICAII	E OF DEA	AIH			Reg. D	st. No.		
1. PLACE OF DEATH a. COUNTY	MONTGOMERY		MARYLA		USUAL RESIDENCE	E (Whe		lived. If institut b. COUNTY			GOMF	
RURAL and give r	(If outside corporate lim nearest town) SPRING	its, write	c. LENGTH OF STAY IN	1	c. CITY OR TOWN		side carpor		RURAL ond	give nec	arest faw	1)
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, q 1 ROOKWOOD			1	d. STREET ADDRE		D ROAI)				FARM?
3. NAME OF DECEASED (Type or print)	ELSIE	rst	Middle ANNA		Lost MILLER		4. DATE OF DEATH	FEB.	nth	13	*	Year 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARR	ED NEVER MARRIED		11/94			AGE (In years last birthday) 63 yrs.	Months .	Days	Hours Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATI during most of wa HOMEMA	ION (Give kind af work rking life, even if retired KER	done 10b.	OWN HOME	INDUSTRY				untry) ENNSYLVA			S.A.	COUNTRY?
13. FATHER'S NAME ALBERT	F. GRAFF			14	. MOTHER'S MAI			ONOWN				
1S. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of	CES? 16.		Mr. H	arry L.	Mil		r.,1911				
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	0	ge for (a), (b), and (c).] 4 RC (N CA)	A 6	FTH	16	1 A	lver Sp	ring,	Man	ET AND	DEATH
Conditions, if gave rise to cause (a), stoting lying couse last	the <u>under-</u>	=)										
Z S S S S S S S S S S S S S S S S S S S	DIA	3E7		ELLI	TUS				VEN IN PAI	RT 1(a) 1	PERFC	AUTOPSY PRMED?
	AS UNDERLYING A GAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter noture of inju	ury in Po	art I or Part	II of item 1B.)				
20c. TIME OF INJU Hour a. m. p. m.	10	While at war	Nat while	Oe. PLACE factory,	OF INJURY (Hame street, office bldg	e, farm, g., etc.)	20f. (City	or town)	(County)		(Stote)
	J.13.		ed from SE	death oc		SA	M, from	the causes of the cause of	and on t	last so he da	te state	deceased ed above. ATE SIGNED
NAME (Type)	L. B. SNO ON, 22b. DATE THEREO 2/13/58		22c. NAME OF CEMET					ON (City, town,		Y . M	(Stat	e)
23. FUNERAL DIRECTO		ley	ADDRESS		240	REC'D		AR 24b. RÉG	ISTRAR'S SI	GNATU		

the funeral director. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Poge 4 TO FUNERAL COTOR: After this certificate has been signed by the attending physicion and completely filled in page 3 should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and the registrar priar to burial, cremation, ar remavol, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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THE BEST OF THE STATE OF THE ST

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2229

CERTIFICATE OF DEATH

02205

Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY	Montgomer	У	MARY	LAND	2. USUAL RESIDENCE	(Where deceosed		Princ	before odmis e Geor	ges
b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corpo	rote limits, write RI	URAL and giv	re nearest tow	n)
Bethesda .	14, Marylan		2 days	3	Colr	nar Mano	r		16 X	-02
d. NAME OF HOSPIT	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
The Clini	cal Center,	Bet	nesda 14, M	d.	3407	7 43rd A	venue] NO]∐K
3. NAME OF DECEASED	Fir	st	Middle	2	Lost	4. DATE OF	Mon		Day	Yeor
(Type or print)		bert	Thomas		Morrison,	J. DEATH		ruary,		19 58
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 🔯	B. DATE OF BIRTH	12000	9. AGE (In years lost birthdoy)		YEAR IF UND	
Male	White	WIDOWE			January 4,		II yrs.	Monins D	ays	Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work of king life, even if retired)	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (SI	ate or foreign co	ountry)	12. CITIZ	EN OF WHA	T COUNTRY
Student			one		Illino	ois			U.S.A	
13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME		- 14		
Gilbert T	. Morrison,	Sr.			Mable Co					
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.		FORMANT The I	-			70 74	
No	,, g		None	T	he Clinical	Center,	Bethesd	a 14,	Maryla	ind
Conditions, if a gove rise to i couse (a), stating lying couse lost.	mmediate the under-)	V		/					
CAI					NOT RELATED TO THE TE			EN IN PART 1	PERF	AUTOPSY DRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	TRIBE HOW INJURY OF	CCURREC). (Enter nature of injury	in Port 1 or Port	II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While of work	Not while	20e. PLA foc	CE OF INJURY (Home, for tory, street, office bldg.,	orm, 20f, (City etc.)	or town)	(Co	unty)	(Stote)
21. I certify the alive on Fe ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIO	Charles B.	195 Neal	and that	death	Nation Bethe	AM, from ADDRESS (SI linical nal Inst sda 1/1.	n the causes a reet, city or town, Center citutes o Maryland	nd on the stote) f Heal	date state 2/:	ed abave ATE SIGNED 10/58
REMOVAL (Specify)	2/13/58		22c. NAME OF CEME Arlingto				TION (City, town, a		(Sto	te)
Burial 23. FUNERAL DIRECTOR			ADDRESS	11 749			ington			
173		Time d				EB 1 3 '58		TRAR'S SIGN		
- Gasc	ch's ons	Hyar	ttsville M	ary.	Land. DATE	FR I O OO	NU I	- sour	^	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the haspital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and completely filled the theorem director. the funeral director, 2 should be filed with Then please remove carbon papers. Pages 1 the registrar prior to burial, crematian, or remayal, and in any event within 72 haurs after death. be detached for use as the burial-transit permit.

CERTIFICATE OF DEATH

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VS A1S (4) 15M 10/57 M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2230 CERTIFICATE OF DEATH

Reg. Dist. No. 212206

1. PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Bethesda (Rural) 63 days	Baltimore 3V0/-4
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
U.S. Naval Hospital NNMC Bethesda Md.	2825 Overland Street
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) Herbert Franklin	MOSELEY DEATH February 2 1958
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1002001
Male White WIDOWED DIVORCED	17 January 1888 lost birthday) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Mariner. U.S. Navv	North Carolina U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Allan MOSELEY	Lillian REEVES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	Wife) Mrs Virginia May Moseley (Same as #2)
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	metasTases ONSET AND DEATH
IMMEDIATE CAUSE (o) GENERALIZED	
Conditions, if ony, which) (b) Ciclenocareina	ma-head of pancreas 5 months
gove rise to immediate (mae were of powerous smerry
couse (o), stoting the <u>under-</u> lying couse lost.	
(0)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	PERFORMED?
	RED. (Enter nature of injury in Part I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Hour o. m. While Not while	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.)
21. I certify that I attended the deceased from 1 Decem	iber , 19 57, to 2 February , 19 58, that I last saw the deceased
	th accurred at 12:50PM, from the causes and an the date stated above.
0 11 0	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Gruce HI Ruce	M.D. U.S. Naval Hospital, Bethesda Md. 2-4-58
PHYSICIAN'S Bruce H. Rice, LT, MC, USN	
	U.S. Naval Hospital, Bethesda Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	(Sible)
	t'l Cemetery Arlington, Virginia
23. FUNERAL DIRECTOR SISTEMATURE.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
W.W. Chambers 1400 Chapin St. Washingt	on, D.C. DATE & '58 All such

2 4 BUREAU V. S. the state of the same of the state of the st gret o THE RECEIPT OF THE PROPERTY OF THE PARTY OF

VS A15 (4) 1SM 9/,5S

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director,	有)

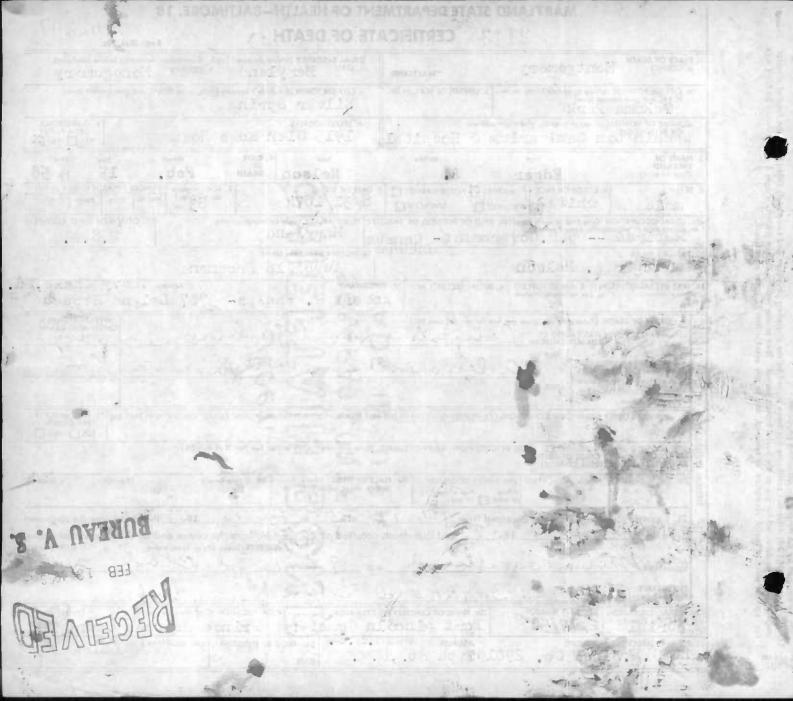
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2113 CERTIFICATE OF DEATH

112297

Reg. Dist. No.

-					- 0							
1.	o. COUNTY	Montgomer	·J	MARYLAND	2. US	STATE Mary		d lived. If instituti b. COUNTY		t gon		
	b. CITY OR TOWN (RURAL and give no RURAL and give no		ts, write c	LENGTH OF STAY IN 16	c.	Silver S			URAL ond g	ive nearest	town)	
	d. NAME OF HOSPIT WASHING C	on Sanita	rium	& Hospital	_ /d	1915 Gle	n Ro	ss Road		e. 1	S RESIDEN	NCE RM?
3.	NAME OF DECEASED (Type or print)	Edg		Middle _		Nelson	4. DATE OF DEATH	Feb		15°	Yeor 19	20
5.	male male	6. COLOR OR RACE white	7. MARRIES	DIVORCED DIVORCED	B. DAT	/31/1874		9. AGE (In years lost bythdoy) 9. Yrs.	Months	-		4 HRS. Min.
10	Retired	ON (Give kind of work a king life, even if retired	one 10b. KII	nd of Business or Indi ment-Cens	us	Marylan	ıd	ountry)	12. CITI	U.S		UNTRY?
13	Edgar	A. Nelso	n	Dures	14.	MOTHER'S MAIDEN N						
	. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dotes of s	CES? 16. SC		Robe	ert E. Ph	elps		Che Lelar			
		ATH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	() a		H	eart f	ail	hu		INTERVIONSET	AL BETWE	EEN
	Conditions, if a		ar	louse	le	the He	out	Diseo	~		_	
40.0	gave rise to i cause (a), stating lying cause lost.				\ .				·			
CATION	PART 11. OTI	HER SIGNIFICANT CON	DITIONS COI	NTRIBUTING TO DEATH BU	T NOT R	ELATED TO THE TERMIT	NAL DISEAS	E CONDITION GIV	EN IN PART	P	WAS AUTO	ED?
CEPTIEN	1000	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY OCCURR	ED. (Ente	er nature of injury in P	art 1 ar Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	While	Not while of work	PLACE Of octory, st	F INJURY (Home, farm, treet, affice bldg., etc.	20f. (City	or town)	(C	aunty)		(State)
	21. I certify the	at I attended the	deceased	-3	2	19.5 8, to 7 urred at 10 13	ah 1	5 , 195 X				
	ACTUAL SIGNATURE	Jaim 53	an	phod	M D			treet, city or town,		e date	DATE 2/16	SIGNED
	PHYSICIAN'S NAME (Type)	Maris	n Be	ankheod	1	Silver	Sni	ing l	nd.	~~~~		Fire-M.
2	Removal (Specify)	2/19/58)F	Fort Linco	ln	Cemetery	-	nce Geo	r county)	Cou	(Stote)	Md.
23	The S.H.T	s signature Hines Co.	2901	MDDRESS	N.W	140. KEC L	BY REGIST	RAR) 345. REGI	TRAP'S SIG	NATURE	h.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

02299

CERTIFICATE OF DEATH 2220

	For Foreign (12			Reg. Dist. No.
1, PI o.	LACE OF DEATH COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Maryland	re deceased lived. If institution b. COUNTY	m: Residence before admission) Montgomery
b.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Echo	c. LENGTH OF STAY IN 16	c. City of town (if ou	tside corporate limits, write R	
0.5	NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION		/ d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X
		ford St		treet	III NOW
D	AME OF First ECEASED Josephine	Middle Eloise	Noves	4. DATE Moni	be a second
5. SE	emale 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH 4./11/1881	9. AGE (In years lost birthdoy) 70 yrs.	Months Days Hours Min.
00.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		STRY 11. BIRTHPLACE (Stole of		12. CITIZEN OF WHAT COUNTR
	ott-Dept of Agric.	Food manage	er Wyoming		<u>US</u>
\$. V	Sylvester George NAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1		Huldah Ja	ne Lytton Addi	ess
N	0 57		s. Katharir	e Bronson	same as 2d
	1B. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), and (c).]	scular a	ci dent	INTERVAL BETWEEN ONSET AND DEATH 2 LL OLT
	DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoting the under. DUE TO	teriosolo	ハケン		7
AHON	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{NO} \) NO \(\sqrt{NO} \)
ž (200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 18.)	
5 2	20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State
WED	Hour o.m. White	Not while for of work	ctory, street, office bldg., etc.)		
	Hour o. m. 19 White	Not while for our work and from Decumber 1., and that death	occurred at $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$		Sthat I last saw the deceas
	Hour o. m. p. m. 19 White of work 21. I certify that I attended the decease alive on rebring 27, 195 ACTUAL Whan W. SIGNATURE PHYSICIAN'S A L Dan W.	Not while for our work and from Decumber 1., and that death	occurred at P	M, from the causes a	Sthat I last saw the deceas
720.	Hour o. m. p. m. 19 White of work 21. I certify that I attended the decease alive on refinal 27, 195 ACTUAL What I attended to Secure 1950 ACTUAL SIGNATURE	Not while for our work and from Decumber 1., and that death	occurred at TOPA	M, from the causes a DDRESS (Street, city or town, A, N, L, 22d. LOCATION (City, town, c	Sthat I last saw the deceasing on the date stated above total DATE SIGN Licht, DC 2/27

BUREAU V. E.

CERTIFICATE OF DEATH

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BECEINED

ARYLAND STATE DEPARTMENT OF HEALTH-HA

BUREAU K.

LEB 18 1958



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CONTRACTOR OF THE PERSON NAMED IN COLUMN FEB 19 1958

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.: Page 4 should be filed with TO FUNERAL COOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaws the detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57 5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2234 CERTIFICATE OF DEATH

(12212 1. No. 215

Reg. Dist. No. 21

Montgomery b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Bethesda (Rural) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) U.S. Naval Hospital, NNMC, Bethesda Md. District of Columbia C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Washington 4. STREET ADDRESS OR INSTITUTION U.S. Naval Hospital, NNMC, Bethesda Md. Doy Yeor On A FARM? YES \(\) NO \(\) No Middle Last 4. DATE Month Doy Yeor
RURAL ond give nearest lown) Be the soa (Rural) d. NAME OF HOSPITAL (If not in hospitol, give street oddress) U.S. Naval Hospital, NNMC, Bethesda Md. Mashington 47 X - 3 d. STREET ADDRESS d. STREET ADDRESS VES NO X 1505 Otis Street NE
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION U.S. Naval Hospital, NNMC, Bethesda Md. 1505 Otis Street NE e. IS RESIDENCE ON A FARM? YES \(\text{NO.12} \) NO.22 3. NAME OF First Middle lost 4 DATE Hospital
OR INSTITUTION U.S. Naval Hospital, NNMC, Bethesda Md. 1505 Otis Street NE YES NO X
3. NAME OF First Middle lost 4. DATE Month Day Year
DECEASED
(Type or print) Ralph Eugene PAYNE DEATH February 26 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min.
Male White WIDOWED 18 December 1896 61 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
Civil Service, District of Columbia Virginia U.S.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Wilbur PAYNE Mildred MASON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes, give war or dates of sgrice)
Yes 8-28-17 to 6-20-18 578-18-8731 (Wife) Mrs. Dorothy L. Payne (Same As #2)
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (g).]
PART I. DEATH WAS CAUSED BY: Lufar Etion, my a andum #470/ ONSET AND DEATH
420,0 DUE TO 15 + 5 / F / / 1 0 =
Conditions, if ony, which) (b) Urlerios clerate Heart Disease unknown
gove rise to immediate Discourse
Luise (u), storing the under-
PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of w
Hour o. m. Not while Not while factory, street, office bldg., etc.) p. m. 19 of work of work
21. I certify that I attended the deceased from 20 February, 1958, to 26 February 19 58 that I lost sow the deceased
alive on 26 February , 19 58 , and that death occurred at 9:40A M, from the causes and on the date stated above
ADDRESS (Street, city or town, stote) DATE SIGNES
ACTUAL SIGNATURE C. U. S. Mulling MD. U.S. Naval Hospital, Bethesda, Md. 2-26-5
SIGNATURE C. CC MAN M.D. OSDS. MAY WILL HOSD TOWN DO GROUND THE Z. C. C.
PHYSICIAN'S C.U. SHILLING, LT, MC, USN U.S. Naval Hospital, Bethesda, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 21 6/1 H 2 2 50 (Stote)
Burial 2/28/58 3-3-58 Arlington Nat'l Cemetery Arlington, Virginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
P.J. Saffell, 5th & "H" St., N. W. Wash. D.C. DATE FEB 2 7 '58 Clife educa

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FOR STATE HEALTH DEPT.

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)	6)	4	0	0	
			_	or its designated agent, priar to burial, cremation, or remayor, and in any event within 72 hours after	
5	. A	151	ME		
5	M :	2/5	7	36	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02213

2235	Reg, Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
" o. COUNTY MONTGOMERY MARYLAND	o. STATE Maryland b. COUNTY Montg.
b. CITY OR TOWN III outside corporale limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If oulside corporale limits, write RURAL and give nearest lown)
and give nearest town) Gaithersburg	Gaithersburg
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Chestnut St	Chestnut St. ON A FARM?
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Toronto 1 th company to the company	ach DEATH Feb. 8, 1958 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In yours IFUNDER 1YEAR IF UNDER 24 HRS.
female col. WIDOWED DIVORCED	1/6/1956 2 yrs. Months Days Hours Min.
100. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUST	
during most of working life, even if retired) NONE	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Norman Kench Peach	Estel Anderson
	IFORMANT Address
(Yes, ne, er unknown) Iff yes, give war or dates of service)	
	Norman Peach, New Market, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART f. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) 3rd degree burn in	volving head body & extremities sudden
916.0 DUE TO	
Conditions, if any, which) (b)	
gove rise to immediate cause (o), stoling the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NOX
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS RRIMARY [Dor CONTRIBUTING Hound dead in human conditions of Death But N	nter nature of injury in Part I or Part II of item 18.)
Found dead in burn	ing home
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, 120f, (City or town) (County) (State)
The X July of the Lates of the	home Gaithersburg Montg. Md.
21. I certify that I took charge of the remains described above	
opinion death resulted from: Natural causes [], Accident	, Suicide , Homicide , Undetermined monner
ACTUAL F 10 B 1 4	DATE SIGNED
SIGNATURE Standy Inonhier	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S Trank T Broachart	ASSISTANT MEDICAL EXAMINER (1) DEPUTY MEDICAL EXAMINER (2) 2/8/58
NAME (Type) Frank J. Broschart	DEPUTY MEDICAL EXAMINER (
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Slote)
Burial Feb. 10, 1958! Simpson Ch	napel New Market Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Olm L. Molesworth Damascus, A	Id. DATE SERVICE CONTRACTOR
	TEBLI-30 Westernan

MARYIANI STATE DEPARTMENT OF HEALTH - BALTIMORE,
MICHAEL BYA MINISR'S CERTIFICATE OF DEATH

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FEB II 1933

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page D FUNERAL ACCTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2236 **CERTIFICATE OF DEATH**

112214

Reg. Dist. No.

1. PLACE OF DEATH G. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE MARYLAND b. COUNTY MONTGOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) STLVER SPRING 18 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 734 UNIVERSITY BLVD., EAST	d. STREET ADDRESS 734 UNIVERSITY BLVD., EAST 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) Joseph Walter	Peed , JR. 4. DATE Month Day Yeor DEATH FEB. 26 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10o. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDU during most of working life, even if retired) Supervisory Purchasing Agent U.S. Gov!t.	USTRY 11. BIRTHPLACE (Stote or foreign country) Washington, D. C. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH WALTER PEED	ADDIE VIRGINIA NEALE
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) YES (If yes, give wgr or dates of service) YES (If yes, give wgr or dates of service) Nrs	Address Marguerite C. Peed, 734 University Blvd., E.
157X DUE TO	cachexia and anemia Cachexia and anemia
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES NO 1
	ED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) actory, street, office bldg., etc.)
alive on 2/35 , 19 58 , and that death	h accurred at 12110AM, from the causes and an the date stated abave. ADDRESS (Street, city ar town, state) 2/26/58 ADDRESS (Street, city ar town, state) 2/26/58
NAME (Type) OTTAGES . N. WOLONON, M.D.	500 Underwood St., N.W., Washington, D.C. OR CREMATORY 22d. LOCATION (City, town, or county) (State)
actionist the site of	CEMETERY ARLINGTON, VIRGINIA
23. FUNERAL DIRECTOR'S SIGNATURE LI DENER SO TUMPASSE SILVER SPRIM	NG, MD. 240. RECIDISY REGISTRAR 246 REGISTRAR'S SIGNATURE

TO HOSPITAL OR TO FUNERAL APE VS A15 (4) 15M 9/S5

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
223	7 (CERTIFICATE	OF	DEATH	D

Rea Dist No

02215

								Keg. Disi		
1. PLACE OF DEATH o. COUNTY Montg	omery		MARYLA		USUAL RESIDENCE (NO. STATE Mary 1			on: Residence		nission)
b. CITY OR TOWN (RURAL ond give in Claggetts	If outside corporate limits,	write c. LE	NGTH OF STAY IN		Rt. 2			URAL ond gi		own)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give	e street addres	s)		d. STREET ADDRESS				10	RESIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	L1111e	Ma	y Per	kins	lost O N	4. DATE OF DEATH	Mar F	e brua		Year 1958
Female	6. COLOR OR RACE 7	MARRIED K	NEVER MARRIED DIVORCED		y 28, 18	85	9. AGE (In years lost birthday) yrs.		YEAR IF UN Days Hou	rs Min.
10a. USUAL OCCUPATION during most of wor Housev	ON (Give kind of work do king life, even if retired) 1116	ne 10b. KIND	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto Md.	ite or foreign	country)		SA	AT COUNTRY?
13. FATHER'S NAME				14	. MOTHER'S MAIDEN					
	r MoxLey					ry M.	Brown			
[Yes, no. or unknown]	R IN U. S. ARMED FORCE (If yes, give war or dates of serv		L SECURITY NO.	17. INFO	The state of the s	*** ***	Add		0 1/0	
no			-	MI	. Albert	W. P	erkinso	n, Rt.	2 Mon	rovia
Conditions, if a gave rise to couse (a), stating lying couse last.	mmediate (Interi	osalore	tic	cordior	escul	an dis	easl	542	ms
ICATIC	HER SIGNIFICANT CONDI							VEN IN PART	PER	S AUTOPSY FORMED?
	AS UNDERLYING 20 20 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE I	HOW INJURY OCC	CURRED. (E	nter nature of injury i	in Part I or Pa	rt II of item 18.)			
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Year		Not while_		OF INJURY (Home, fo street, office bldg., e		ly or town)	(Co	ounty)	(State)
21. I certify the alive on	nat attended the c	deceased fr.	om LUR. and that d	death occ	, 1957, to_curred at		m the causes of Street, city or town.	and on the		ne deceased ated above DATE SIGNED
PHYSICIAN'S NAME (Type)	Dr. James	Kerr			Dama	scus,	Md.			
22a. BURIAL, CREMATIC BEMOVAL (Specify	2/24/58		NAME OF CEMET				tgomery	or county) Chap		nt. Mo
23 RUNERAL DIRECTOR	SSIGNATURE DELLE		ons vi 11	e, M	_	EB 2 6 '5	- 1620	STRAR'S SIGN		

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Perkinson, Rt. B Homovi	District Control of Control	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 2238 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) MARYLAND c. LENGTH OF STAY IN 16 1 vr. 1 month d. STREET ADDRESS First Middle S. POHZEHL B. DATE OF BIRTH WIDOWED DIVORCED

a. COUNTY b. COUNTY MARYLAND MONTGOMERY MONTGOMERY b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 56 SILVER SPRING SILVER SPRING d. NAME OF HOSPITAL (If not in hospital, give street address) . IS RESIDENCE ON A FARM? 1901 Henderson Ave. PHILOMENA REST HOME YES NO NO NAME OF 4. DATE Month Day Year DECEASED FEB. DEATH 19 58 (Type or print) MATIDE S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours FEMALE 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Woodstock, Virginia U.S.A. Proprietor of Rooming House 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ROBERT WILKIN ANN R. HAMMOND 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Andrew Miller, 1901 Henderson Ave. NO NONE Silver Spring, MARINAL BELLEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m Not while at wark at wark 2-3, 1957, to 2-14, 1958, that I last saw the deceased 21. I certify that I attended the deceased from... 19.5 % , and that death accurred at 1.60 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 2205 Richland St., Silver Spring, Md. PHYSICIAN'S HARRY J. KICHERER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) FT. LINCOLN CREMATORY GEO. COUNTY, MARYLAND PRINCE FUNERAL DIRECTOR'SISIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR & Tumplicey SILVER SPRING, MD.

Reg. Dist. No.

director, iled with filed Pla corbon 3

PLACE OF DEATH

CERTIFICATE OF DEATH

and increase county in the

ATENIA SA DESTRUCTOR

named at 11 to 11 to a supplement

BUREAU V. S.

LEB 57 1828



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be worded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain by your files.

TO FUNERAL RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State and of Health, or its designated agent, prior to burial, cremation, or removal, and is agreefed, within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02217 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Dam Dink No.

		11001	Den / Filmuzzo	2=20=50 et		Neg. D	191, 140.
1. PLACE OF DEATH		440	3	2. USUAL RESIDENCE (V	Where deceased lived	. If Institution: Reside	ence before admission)
Mo	ontgomery		MARYLAND	o. STATE Mary	rland	b. COUNTY MO	ntgomery
b. CITY OR TOWN and give nearest tow	(If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f autside carporate li	mits, write RURAL and	
Bethesda				Bethesda	X		
		f nat in hos	pital, give street address)	d. STREET ADDRESS	1		e. IS RESIDENCE
7030 Ar	mat Drive			7030 Arma	at Drive		YES NO
3. NAME OF DECEASED	Fire	sf .	Middle	Lost	4. DATE	Month	Day Year
(Type or print)	Jame	es	L.	POWERS	DEATH Fel	oruary	79. 19 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH		In years IF UNDER	TYEAR IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED [April 30.1		rthdoy) Months yrs. O	Days Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work	dane 10b. K	IND OF BUSINESS OR INDUST			12. CITI	ZEN OF WHAT COUNTRY
Contract	ing life, even if retired)	0	wn_business	Newfoun	bactb		US
13. FATHER'S NAME			MIT MUSTILESS	14. MOTHER'S MAIDEN I			UD
Jamos	s Powers			(700	no mobin		
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. W	Clar	a Tobin	Address	
[Yes, no. or unknown]	(If yes, give wor or dates of	**	m lan 01 m	lalma O D.			0.3
	ATH [Enler only one cau			elma C. Po	wers	same as	Interval between
THE PERSON NAMED IN COLUMN 1	ATH WAS CAUSED BY:	-					ONSET AND DEATH
1/201	IMMEDIATE CAUSE (0)	Cor	onary Occlusi	ion			sudden
1400.1	DUE TO						
Conditions, if							
(o), stoting the							
couse fost.	(c).						
PART II. OT	HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PART	T 1(0) 19. WAS AUTOPSY
3							PERFORMED?
PART II. OT	USE WAS 201	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of injury in Par	t I or Part It of item	18.)	
	•						
20c. TIME OF INJU				CE OF INJURY (Home, form ory, street, office bldg., etc.	n. 20f. (City or town	(Cau	inty) (State)
Hour e.m.		While at wor	Not while of work				
21. I certify t	hat I toak charge	of the r	emains described aba	ve, held an Autops	y , Inspect	ion XI, Inquir	y Kl. and in my
			auses 🔯, Accident [Hamicide [],	Undetermined n	
ACTUAL S	2	0	(%)				DATE SIGNED
SIGNATURE	part J.	1200	whent	_M.D. CHIEF MEDICAL EX			DAIL HOTEL
EXAMINER'S				ASSISTANT MEDIC	AL EXAMINER		
NAME (Type)	Frank J. B	rosch	art, M.D.	DEPUTY MEDICAL	EXAMINER A	February	y 19, 1958
220. BURIAL, CREMATION REMOVAL (Specify	ON, 22b. DATE THEREO	F	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (CI	ty, town, ar county)	(Stole)
Cremation	1 0/07/-	8	Cedar Hill		Suitlan	d. Maryl	and
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		D BY REGISTRAR	246 REGISTRAR'S SIG	
Robert A.	Pumphrey	Be:	thesda. Marv	land DATE FE	EB 2 4 '58	Ul. Leave	L. A

1-21-52-11/5

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BUREAU V. Z.

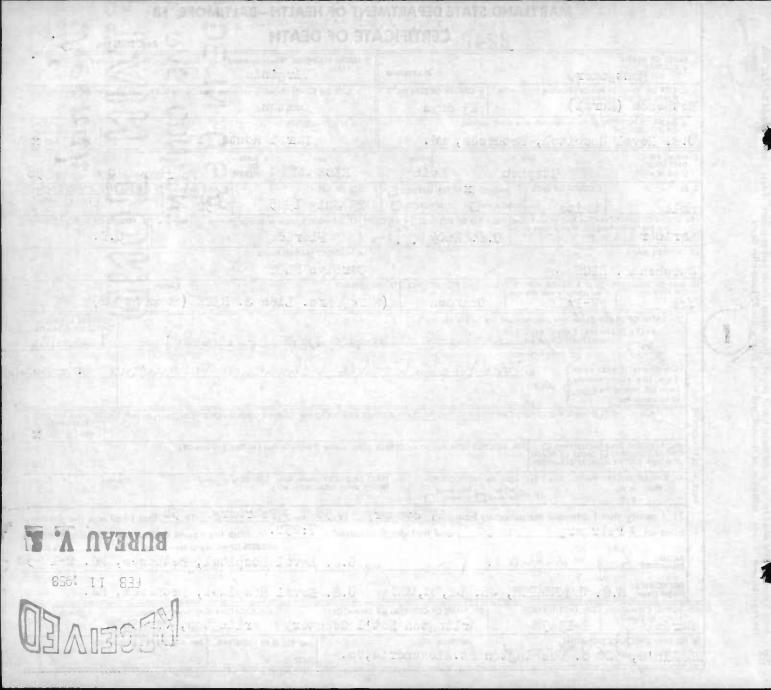
LEB SV 1828 650, WALLEY DULY.

S. Washington St. Alexandria . Va.

DATE

(Stote)

haurs VS A15 (4) 15M 10/57



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4	1	1	4
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	2115	CERTIF	CATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Montg	omery	MARYLAI	O STATE	b. COUNTY	nı Residence before admission)
b. CITY OR TOWN (If outside of The Control of the C	orporate limits, write)	c. LENGTH OF STAY IN	c. CITY OR TOWN (If ou WASH	INGTON	IRAL and give neorest town) H/X-3
d Name of Hospital (If not Oakinsite) wen Nu	in hospital, give street rsing Hon	oddress) 10	d. STREET ADDRESS 7/04 C	HESTNUT.	ST. N.W YES NO
3. NAME OF DECEASED (Type or print)	INIE .	Middle S.	RICHARDS.	4. DATE Mont OF DEATH	B. 11, 1958
5. SEX 6. COLO	R OR RACE 7. MARR	DIVORCED	A 15 15	9. AGE (In years birthdoy) 81 yrs.	Months Days Hours Min.
duling the sew time in the second service in the second service in the second service in the second	ind of work done 10b. ven if retired)	KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHPLACE (Stote o	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Harry Woods	3		Fannie S	ullivan	
15. WAS DECEASED EVER IN U. S. (Yes, no. or unknown) (If yes, give v	ARMED FORCES? 16.	SOCIAL SECURITY NO.	Harry Rich	ards 7125dd	Finey Branch Ro
18. CAUSE OF DEATH [Enter PART I. DEATH WAS COMMEDIAN COnditions, if any, which gove rise to immediate cause (a), stating the under-	CAUSED BY: TE CAUSE (o) DUE TO	nd or (o), (b), and (c).]	ra of Rec	tum	INTERVAL BETWEEN ONSEAND DEATH
PART 11. OTHER SIGNI	(c)		BUT NOT RELATED TO THE TERMIN		EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NO
20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY Month.	EXAMINER)	NJURY OCCURRED 20	e. PLACE OF INJURY (Home, form,	206 (Cib. or town)	(County) (Stole)
20c. TIME OF INJURY Month, Hour a. m. p. m.	19 While of wor	_ Not while_	foctory, street, office bldg., etc.)		
21. I certify that I attached alive on ACTUAL SIGNATURE	ended the deceas			- ' ' '	, that I lost saw the deceased and on the date stated above DATE SIGNED

WASHID, D.C.

PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OF CREMATORY

22d. LOCATION (City, town, or county)

Prince

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Cremation 2/12/5

Co

Ft. Lincoln Crematory 2901 14th S

240. REC'D BY REGISTRAR FEB 1 3 '58 DATE

George Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 TO HOSPITAL OR ATTENDED.

may be retained by the haspital or attending physician.

TO FUNERAL TECTOR: After this certificate has been signed by the attending physician and campletely filled. VS A15 (4) 15M 9/55

the registror

to burial, crematian, or removal, and in any event within 72 hours after death

the funeral director, should be filed with

WASHINGTER TIEL CHESTANTSTAN NICHARDS. FEB. 11, AUG. 15, 1876 (ascimena of Rectum CARCPINE BRANCH ROLL 3-11-58 LYMNOCO HEIGES M.D. F.A.C.A.

IYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
or ottending physician.
s certificate has been signed by the attending physician and campletely filled in the funeral director.
se as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with
nation, or remaval, and in any event within 72 hours after death.

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O FUNERA

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VS A15 (4) 1SM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2116

CERTIFICATE OF DEATH

Rea. Dist. No.

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomerv Montgomerv Marvland b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Takoma Park Takoma Park d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? Philadelphia Ave. Philadelphia Avenue YES NO 4. DATE NAME OF First Middle Day Year DECEASED 19 58 (Type or print) DEATH February 20 Lilian A Ritter 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last burthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Davs 1875 female white WIDOWED T DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired School Teacher New Hampshire 13. FATHER'S NAME 14 CWO THES. J WAT DEA NAME David A. Ritter Elizabeth Stearns Address Washington. DC 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Mary Evelyn Bakhsh-1636 Kenyon St.N.W 18. CAUSE OF DEATH [Enter anly one cause per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO F 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased frame 195 A, that I last saw the deceased and that death accurred at 11.10 M, from the causes and an the date stated above. DATE SIGNED SIGNATURE William D. Aud PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Rock Creek Cemetery 8. Washington Wash .D.C. 23. FUNERAL DIRECTOR'S SIGNATURE 206. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR S.H. Hines Co.-2901 lith St. N.W.

. Com and alenated by AND SECOND DELECTIONS OF THE PROPERTY OF THE P THE PURPLE CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF BUREAU K. ALL THE DESCRIPTION OF STREET 1 8561 87 8EE

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ARYLAND	STATE DEPARTME	NT OF HEA	LTH-BALTIA	AORE, 18

2241 CERTIFICATE OF DEATH

Reg. Dist. No. 12221

1	1. PLACE OF DEATH O. COUNTY O. STATE O.
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SI NER SPRING- LENGTH OF STAY IN 1b SI NER SPRING.
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SCO2 -// De ave - 8602-1/ De ave - 1 Sesidence ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Author C. Post DEATH FEB 11 1958
,	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.
	10a. USUAL OCCUPATION (Give kind of work done during goost of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPPACE (Stole or foreign country) 11c. CITIZEN OF WHAT COUNTRY?
	VINCENT RURCH. 14. MOTHER'S MAIDEN NAME PENIN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or uphnown) (If yes, give wor or dates of service) A A TER HOOU - Silver Survey 200
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under. DUE TO DUE TO
5	Second Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year Dod. INJURY OCCURRED Hour o. m. 19
	21. I certify that I attended the deceased fram Cut, 1953, ta Febr 10, 1958, that I last saw the deceased alive on 10, 1958, and that death occurred at 10130PM, from the causes and on the date stated above ACTUAL SIGNATURE OF THE STATES (Street, city or town, stote) ACTUAL SIGNATURE M.D. 7006 W.L. Hampshie The 2/11/50PM STATES (STREET, CITY OF TOWN, STOTE) PHYSICIAN'S NAME (Type) FUNEST H. SARA O
	Berial, Cremation, 22b. Date Thereof 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City) town, or county) Semovar (Spycia) Feb. 14 195 Alexander Mat. 22d. Location (City) town, or county)
	23/FUNIERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REC'D BY REGISTRAR 246. REC'D BY REGISTRAR'S SIGNATURE DATEEB 1 8 58



BUREAU V. E.

E CERTIFICATE OF DEAT

VS A15 (4) 15M P/SS

ACTUAL

		٨	MARYL	AND ST	ATE DEP	ARTM	ENT OF HEALT	H-BAL	TIMORE, 1	8		-37	
			2	117	CERT	IFICA	TE OF DEAT	Н		Reg. D	ist. No.	358	5
1.	PLACE OF DEATH		tgon	nery	MAR	YLAND	2 USUAL RESIDENCE (MO. STATE		b. COUNTY	on: Reside	nce before	odmissi	on)
	B. CITY OR TOWN (IF	outside cor arest town)	porque limit	write c. LI	ENGTH OF STA	Y IN 1b	c. CITY OR TOWN (III	outside corp	prote limits, write R	URAL ond	give near	est fown	
	or institution	// .	hospital, gi		55)		d. STREET ADDRESS 410 Need	lolse	m st	NY	v .		DENCE FARM? NO
	NAME OF DECEASED (Type or print)		Solo		Middl	· R	southal	4. DATE OF DEATH	Jel Tel	Jh _	Day		958
S. 5	SEX 7	6. COLOR	1 1	7. MARRIED [NEVER MARK		DATE OF BIRTH	5	9. AGE (In years last birthday) yrs.	Months Months	Doys Doys	Hours	R 24 HRS. Min.
100	during most of work	N (Give kin ing life, eve	nyif relyled)	one 10b. KIND	OF BUSINESS	OR INDUS	TRY 11. BIRTHRIACE (Stote	e or foreign o	country)	12. C	US	- 4	COUNTRY?
13.	FATHER'S NAME	me					14. MOTHER'S MAIDEN	NAME					
15. (Ye	WAS DECEASED EVER		RMED FORCE or dates of sec		AL SECURITY NO.	1-1-	FORMANT Pauley Ro	sent	hal 41	4 1.	effe	SON	NE
	1B. CAUSE OF DEAT	TH WAS CA		se per line for	(0), (b), and (c)	.0	Tre Caro	ínom	a		ONSE	ET AND	DEATH
	153.0 Conditions, if on	ny, which)	DUE TO	ad	noca	ucú	roma of	coco	ım		unhuman		
	gove rise to in couse (o), stating t lying couse lost.		DUE TO				0						
CERTIFICATION	PART II. OTH	ER SIGNIFIC	SANT COND	teel	.7	Leu	NOT RELATED TO THE TERA	AINAL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(o) 19	PERFO	NO 🔀
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE O	DE DEATH	20b. DESCRIBE	HOW INJURY	OCCURRED	. (Enter nature of injury in	Port I or Po	rt II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month,	Doy, Yea	While	OCCURRED Not while of work	20e. PLA foct	CE OF INJURY (Hame, for ary, street, affice bldg., et	m, 20f. (Cit	y or town)		(County)		(State)
	21. I certify the	at 1 atter Lel-	ded the	deceased fr			occurred at 4:16						

BRESLER

(Stote)

PHYSICIAN'S NAME (Type) ARTHUR BURIAL, CREMATION, 22b. DATE THEREOF PEMOVAL (Specify) 2/12-19. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or/county)

FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

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VS A15 (4) 15M 9/55

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112222

2640	CERTIFIC	ATE OF DEAT	Н	Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (WASHIN	Where deceased lived. IGTON, D. C. b.	If institution: Residence COUNTY	e befare admission)	
RURAL and give negrest town)	GTH OF STAY IN 16 Months	c. CITY OR TOWN (IF WASHINGT	autside corporate limit	ts, write RURAL and g	ive nearest town)	1
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CARROLL HALL SANITARIUM		d. STREET ADDRESS 3900 16th	St.,N.W.		e. IS RESIDEN ON A FARI YES NO	M?
3. NAME OF DECEASED (Type or print) PACHE/LE First	Middle	singer	4. DATE OF DEATH	Month 2	28 19	58
Female White WIDOWED	DIVORCED	8. DATE OF BRTH 6/22/1884	73°		YEAR IF UNDER 24 Days Hours N	HRS. Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life them if retired)	F BUSINESS OR INDI	AUSTRIA	e or foreign country)	USA	ZEN OF WHAT COU	JNTRY
EDWARD PRAGER		14. MOTHER'S MAIDEN	NAME NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, n) (If yes, give wor or dates of service) NONE		INFORMANT JRT E. ROSINGE	R, 3900 1	6th St. N.	W., D. C.	
PART I. DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause last. Cause (b) DUE TO DUE TO (c)	2 bral	Throm bo atterios	sis seletos	sis	8 yrs	EN TH
OR CONTRIBUTING LI CAUSE OF DEATH	1tome	TO NOT RELATED TO THE TERM OFFE FIOS ED. (Enter nature of injury in	se/erot	ie	1(a) 19. WAS AUTO PERFORMED YES NO	D3
	CCURRED 20e. P	PLACE OF INJURY (Home, far actory, street, affice bldg., et	m, 20f. (City ar tawn) (Ca	ounty) (S	State)
21. I certify that I attended the deceased from alive an 2 7 1958 ACTUAL Thomas A WILDMAN NAME (Type)		3 , 195 4, to 4 h accurred at 94 5 3 129 MORRI 3729 MORRI		St. NW.	Vash: 15	bove
CREMATION 2/28/1958 Ce	ame of Cemetery (22d. LOCATION (CIT	y, tawn, or county) MDe	(State)	
23. FUNERAL DIRECTOR'S SIGNATURE AD Tosych Cawley Ams 1756 Pa. A	DORESS		MAR 3 '58	4b. REGISTRAR'S SIG	NATURE	

CERTIFICATE OF BEATH

ET MINE TO U.S.

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ON A FARM?

Year

1958

(Stote)

DATE SIGNED

(Stote)

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BU, SEEDER OF THE STREET PROPERTY.

EEB 58 1828



VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2244 CERTIFICATE OF DEATH

02224

									Reg. Dist	. No.	
1. PLACE OF DEATH a. COUNTY	Mont	E	MARYLAND	2.	USUAL RESIDENCE (Where dece		. If institution in the country		ontg	mission)
RURAL and give nea	autside corporate limits arest town)		c. LENGTH OF STAY IN 16 18yrs	×	c. CITY OR TOWN (Washin				JRAL ond gi	ve nearest t	lown)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, gi	ve street o	oddress)	1	d. STREET ADDRESS					OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Girtr	ade	Middle N.ay		Rynex	4. DAT OF DEA	E TH	Feb	th	Doy 7th	Year 1958
Female	White	WIDOWE			Aug 28-1		18	E (In years birthday) yrs.		YEAR IF U	NDER 24 HRS.
during most of working HOUSE	N (Give kind of work doing life, even if retired)	one 10b.	kind of Business or Indi Lome Work	JSTRY	Indian		n country)		12. CITIZ	S A	HAT COUNTRY
13. FATHER'S NAME Geo	rge Robe	enso	n	14	Mary		zbel	1	32		
15. WAS DECEASED EVER [Yes, no, or unknown] (II	IN U. S. ARMED FORCE f yes, give wor or dates of ser	ES? 16. 1	None		mant rank All	en R	ynex	, Was		tonGr	rove •M
PART I. DEAT 44 43 X Conditions, if on gove rise to im coves (a), stating the lying cause last.	mediate DUE TO (c).	E C IN per	ERFISHEL		Henral	RHA	tem T	insn TDi	Sensi	21 22	DAYS
CATIC			ONTRIBUTING TO DEATH BU						EN IN PART	PE	AS AUTOPSY RFORMED?
	CAUSE OF DEATH	206. DESC	RIBE HOW INJURY OCCURR	ED. (E	nter nature of injury	in Part I or I	Port II of	item 18.)		9	/
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. IN While of work	Not while for	LACE octory,	OF INJURY (Home, fo street, office bldg.,	orm, 20f. (0 etc.)	Lity or to	~n)	(Co	ounty)	(State)
21. I certify that I attended the deceased from Thr. 22, 1958, to FER, 7, 1958, that I last alive on FR. 3, 1958, and that death occurred at 10,30 P.M. from the causes and on the appress (Street, city or town, state) ACTUAL SIGNATURE And Appress (Street, city or town, state) PHYSICIAN'S Gordon S. Rosenbarger ADDRESS (Street, city or town, state) AMAE (Type) AMAE (Type)											
220. BURIAL, CREMATION REMOVAL (Specify)	2-10-58	ma.	22c. NAME OF CEMETERY OF FOREST Oak	_	EMATORY			City, town, o		(S	Stote)
23. FUNERAL DIRECTOR'S Ernest ()	signature Gartner	r, G	ADDRESS aithersburg	• 1	24a. RI DATE	C'D BY REC		248 REGIS	TRAR'S SIGN		

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BUREAU V.

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TO HOSPITAL may be relad TO FUNERAL page 3 sho the registrar p

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2245 CERTIFICATE OF DEATH

8	02225
1	00000
Reg. Dist. No	

1. PLACE OF DEATH 6. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marvland	b. COUNTY	on: Residence before	ore admission)
b. CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16		ide corporate limits, write RI		earest town)
RURAL and give nearest town)	6 days	Prince Frede		01/4. 2	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	JI LOR	041.	e. IS RESIDENCE ON A FARM?
Montgomery County General	Hospital, Inc				YES NO DX
3. NAME OF First DECEASED (Type or print) George	Middle S	AMPSON "	DATE Mon		y Yeor 4 19 58
5. SEX 6. COLOR OR RACE 7. MARRI			Lent		4 19 58 R IF UNDER 24 HRS.
Male White WIDOWE		o. DAIL OF BIRTH	lost birthdoy)	Months Days	Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or		12. CITIZEN O	OF WHAT COUNTRY
during most of working life, even if refired)					
Minister		West Virg		U.	S. A.
THE STATE OF THE S					
George David Sampson		Sie	edenstricker		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. ! (Yes. no. or unknown) (If yes. give wor or dates of service)	SOCIAL SECURITY NO. 17. 11	NFORMANT	12301 Fertifi	ont Lane	
	H	arold I. Sampso	on Silver Sp		
18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which)	snary Embolisms	rterio sclere	rhoge		ERVAL BETWEEN SET AND DEATH 2 days
gove rise to immediate couse (a), stating the under-lying couse lost.					
Arteriosclen		Disease -	Hypertens	9	PERFORMED?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port	I or Port II of item 18.)		
Hour a. n. While	Not while of work	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
21. I certify that I attended the decease alive on 2 14 , 195 ACTUAL SIGNATURE A. PHYSICIAN'S		occurred at //* 25/5 ADI	M, from the causes a DRESS (Street, city or town, s	nd on the da	aw the decease ate stated above DATE SIGNE 2/15/32
NAME (Type) R A Vates M	D	Olney	Maryland		
220. BURIAL, CREMATION, 22b. DATE THEREOF Feb 17,195	22c. NAME OF CEMETERY OF Cedar H	CREMATORY 22	d. LOCATION (City, town, o Suitland, Mc	r county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D B		TRAR'S SIGNATU	RE
Lee Funeral Home.	Washington	D.C. DATEER 2		- 2 - 1	

the Albert Control of the Control of the State of Control LEB St Join

VS A15 (4) 15M 10/57

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eral director,	filed with	to I	A.)
PLO	pe			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2246 CERTIFICATE OF DEATH

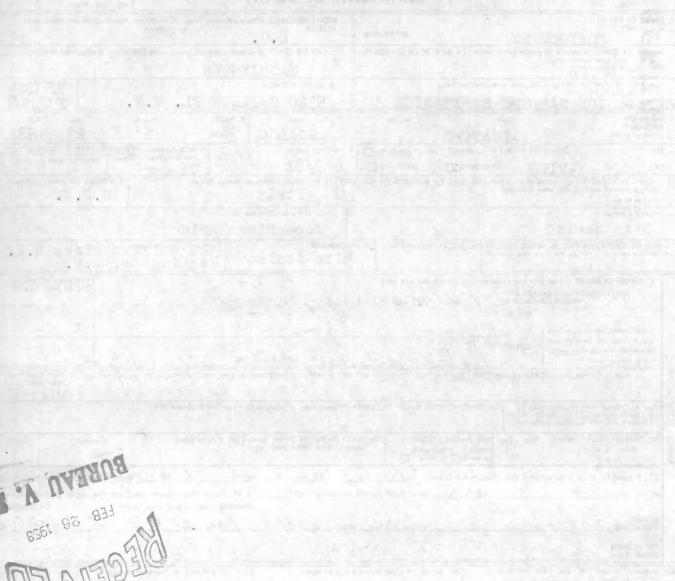
02226

		19 19 .						Reg. Dist	t. No.	
1. PLACE OF DEATH					2. USUAL RESIDENCE (W	here decease			e before adm	ission)
	TGOMERY		MARYL	AND	o. STATE D.C.		b. COUNT	1		V
b. CITY OR TOWN (If RURAL and give new	NIb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
KENSINGTO					WASH	INGTO	N		47x-	3
d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS					ESIDENCE
KENSINGTON	GARDENS	SAN	VITARIUM		5320 CH	ILLUM	PL. N.	E.		A FARM?
3. NAME OF	Fin	ıt	Middle		last	4. DATE	Mc	onth	Day	Yeor
(Type or print)	SAL	VATO	DRE		SCALCO	OF DEATH	2	>	23	158
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	В	. DATE OF BIRTH		9. AGE (In years last birthday)			IDER 24 HRS.
MALE	WHITE	WIDOWI	DIVORCED		8/7/81		76 yrs		Doys Haur	Min.
10a. USUAL OCCUPATIO	N (Give kind of work on life, even if retired)	lane 10b.	KIND OF BUSINESS OF	INDUST	RY 11. BIRTHPLACE (Stole		ountry)			AT COUNTRY?
ปฏิหิติดพท					Italy			U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	TE MILL		20 20	
Rito Sc	alco				Josephi					
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.		FORMANT	53	20 Chi	Frum J	Place	N.E.
				1	Rito Scale	O W	ashingt	ton, I).C.	
		use per lin	ne-for (a), (b), and (c).]		11/2) /	1		INTERVAL ONSET AN	
PART I. DEAT	H WAS CAUSED BY:	1	ulmon	200	us Into	nch			ONSET AIR	DUCAIII
433./	DUE TO	13	, ,		1.1. 11-	<i>t</i> :				
Conditions, if on		lu	encular	- 0	Horellas	ion			154	ps.
gave rise to im		1	+	1	. 0.	0	2.	1.1	10	
lying couse lost.) (c)	-66	serio se	dor	asis, Alm	2 re	lever	alige	29	
PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	1 TU8 HT	NOT RELAXED TO THE TERM	IINAL DISEAS	E CONDITION G	IVEN IN PART		S AUTOPSY FORMED?
<u> </u>									YES [
OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Port I or Par	t II of item 18.)			
		Jan 2 11		20 811		1				
20c. TIME OF INJURY Hour o. m.		While	Not while		CE OF INJURY (Home, for ory, street, affice bldg., etc		or town)	(Ce	ounty)	(State)
₹ p. m.	19	at wor	k at work	- /		1		750		
21. I certify the	at attended the	deceas	-0 3	-ds	2 , 1955 , to	leb-s				e deceased
alive on Le	4,23	_, 125	2_07_, and that	death	accurred at 2:05	Q.M. fran	n the causes	and an th	e date sta	ited abave.
ACTUAL /	1. 1 1	11	1.1 1.	,	1.1 1	ADDRESS (S	treet, city or town	, state)	2	DATE SIGNED
SIGNATURE D	which of	.00	ut and a	M	.D. 16609	- Cos	COR	DS	1, 2	-25-55
PHYSICIAN'S NAME (Type)	POBERT	T	THIB!	7DE	EAU.	KEN	15/NG0	ON	M	D
220. BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOCA	TION (City, Iown,	or county)	(SI	ote)
REMOVAL (Specify)	2/26/58		St. Mar	ys (Cemetery		hingtor			
23. FUNERAL DIRECTOR'S	SIGNATURE	TELL	ADDRESS .		240 REC	D BY REGIST		STRAR'S SIGI		
The S.H. I	Hines Con	pan		ton	9 D COAFEE	2 6 '58	lee	-educ	1	

MARYLAND STATE DESARGIMENT OF HISCOP-BANDINGS, 18

HIS OF DEATH

CERTIFICATE OF DEATH



VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

112227

		Item 14. Film G225, 2/10/58 f	cy	CERTITION	IC O. DEA	Reg. Dis	t. No.
		LACE OF DEATH		2. USUAL RESIDENCE	Where deceased lived.	f institution: Residen	ce before admission)
	G	COUNTY Monta omery M.	ARYLAND	o. STATE .	О b.	MIN YTHUOS	nte
	b.	CITY OR TOWN (If outside corganate limits, write RURAL C. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If outside corporate limit	s, write RURAL and	give prorest town)
		and give named town)	22	x 131	Therda		
	d.	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street)od		H. STREET ADDRESS		1	e. IS RESIDENCE
		4807 Chay Chase Dr.		4807	Chevy CT	esse Un	YES NO
ı	D	IAME OF ECEASED (ype or print) Leon First Middle	Sea	Lost	4. DATE J OF DEATH	Month Leb	Doy Yeor 5 1958
	5. SI	6. COLOR OR RACE MARRIED NEVER MAR	RIED B.	DATE OF BIRTH	9. AGE (In last birthe		
A		male white WIDOWED DIVORCE	ED 🗗	2-18-	98 59	yrs. Months E	Pays Hours Min.
	100.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS uring most of working life, even if retired)	OR INDUSTR	Y 11. BIRTHPLACE (Slot	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
1		translator Male Des	1	Pola	-d	N	136
	13.	FATHER'S NAME		14. MOTHERS MAIBEN	SWIF 82	28 new	Hornfshumin -
		mordeese Segal		Bernard.	Segal, S	luca Sp	me
		WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	10. 17 IN	FORMANT		Address	* A
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]				INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:		clusion			ONSET AND DEATH
		420.1 DUE TO	1	auren			Mundin
		C - C - V - V - V - V - V - V - V - V -					
		gave rise to immediate cause					
Я		(c) stating the underlying (c)					
Н	Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TER	AINAL DISEASE CONDITI	ON GIVEN IN PART	1(0) 19. WAS AUTOPSY
0	ATIC						YES NO
	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	CURRED. (Er	iter nature of injury in Po	ort 1 or Part 1t of item 18)	
		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED	20e. PLAC	E OF INJURY (Home, for	m, 120f. (City or lown)	(Cour	nfy) (Slote)
	MEDICAL	Hour a. m. While Not while	facto	ry, street, office bldg., et	c.)		
	Z	p. m. 19 ot work of twork of twork 21. I certify that I took charge of the remains descri		e held on Auton	sy Inspection	n 📈, Inquir	(Z), and in my
						Indetermined m	
		opinion death resulted from: Natural causes [1], A	ccideni [namerae,	muelerminea n	ionner [_]
		ACTUAL A 10 Barrela	A	CHIEF MEDICAL	EXAMINER []		DATE SIGNED
6		SIGNATURE SPANA J. OM ZEWEN	<u> </u>	_M.U.	CAL EXAMINER		
1		EXAMINER'S FLANK I, Brose	hert	DEPUTY MEDICA		2-5-	.58
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CE	METERY OR	11/2.	228 LOCATION (City	town, or county)	(Stote)
	6	3 wind Jeb- 6, 195 8 0 her 1	word	no amella	1 100 ming	402 - D	, ,
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	11/1	240. 12		b. REGISTRAR'S SIG	NATURE
	1	· Danzansby + Jour -3/0/-1	7-57	NW DATE	FEB 7 '58	Whea	uen

MEDICAL EXAMILIERS CERTIFICATE OF DEATH

6361 & 83H

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Replacement certificate - Augunil lost in mail 3/26/18-MB

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION.

REMOVAL (Specify)

22b. DATE THEREOF

Jack Schumacher 22c. NAME OF CEMETERY OR CREMATORY

Gaithershung Maryland 22d. LOCATION (City, town, or county) Frederick

ADDRESS (Street, city or town, state)

(Stote)

Maryland

DATE SIGNED

duria 23. FUNERAL DIRECTOR'S SIGNATURE Fred **ADDRESS**

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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S. SEX

Robert Pumphrey Bethesda, Maryland

Memorial Park

DATE EB 2 6

SEL SE BEE 4 4 4 4

VS A15 (4) 15M 10/57

11_1	MARYLAND
04	225
1. PLACE OF DE	ATH

LAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2251 CERTIFICATE OF DEATH

()223()
Reg. Dist. No.

								wage aren	
1. PLACE OF DEATH o. COUNTY Montgomer	v		MARYLAI	61	USUAL RESIDENCE (Who o. STATE Maryl		lived. If institution b. COUNTY		before admission)
b. CITY OR TOWN (II RURAL ond give ne Bethesda	f outside corporate limi carest town)	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If or Wheat		ote limits, write RI	JRAL ond give	nearest lown)
d. NAME OF HOSPIT	AL (If not in hospital, g		7		d. STREET ADDRESS		Avenue		e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print)	Fir Pete	st	Middle P.		Lost Sintetos	4. DATE OF DEATH	Mon	h oruary	Day Year 24, 19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED		ATE OF BIRTH		P. AGE (In years lost birthday)		EAR IF UNDER 24 HRS.
Male	White	WIDOWI	braid		ne 27, 1890		67 yrs.		lys 11001s With.
Salesman	ON (Give kind of work a king life, even if retired	done 10b.	kind of Business or I Liquor Busin	622	Greece		intry)		U.S.A.
13. FATHER'S NAME				14	I. MOTHER'S MAIDEN N	AME			
	s Sintetos				Margaret				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. ervice)	SOCIAL SECURITY NO.	17. INFO	RMANT The Med	lical F	lecord Addr	ess	
No			679-03-8656.] ne for (o). (b), and (c).]	The.	Clinical Ce	nter,	Bethesda	2 14, N	Maryland
Conditions, if or gove rise to in couse (o), stoting I lying couse lost.	ny, which on the under of the u	RE	NAL CELL C	APCII	NEMA MET, LY	ASTATIC MPIH NO	TO BY		10 days
IL CATI			CRIBE HOW INJURY OCCI					EN IN PART I	PERFORMED? YES NO
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. 013	CKIBE HOW HAJOKI OCC	JAKED. (E)	net notice of injury in r	orri or roll	i or new is.,		
20c, TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yea	While	NJURY OCCURRED 200 k ot work	e. PLACE foctory.	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City o	or town)	(Cou	nty) (Stote)
actual SIGNATURE	ot I attended the wary 2h, Jeward (,,	., 19	mone	er 30 eath occ	curred ot 1:35F The Cli Nationa	M, from DDRESS (Streen in Cal	the causes a	nd on the state)	date stated above DATE SIGNED 2-25-58
220 BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETER	RY OR CR METE	EMATORY	22d. LOCATIO	ON (City, town, o	r county)	(Stote) RYLAND
23. FUNERAL DIRECTOR'S	5 SIGNATURE	uy.	SILVER SPRI	NG, 1	240. REC'D	BY REGISTR	AR 24b. REGIS	TRAR'S SIGNA	

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VS A1S (4) 15M 9/S5

MARYLAND	STATE DEPAI	RTMENT	OF HEALTH—BALTIMORE, 18
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225	CERTIFICA	AIE OF D	EATH		Reg. Dist	. No.	2231
1. PLACE OF DEATH COUNTY Montgomery	MARYLAND	CTATE	ence (Where decease ryland	ed lived. If institution b. COUNTY		e before odmiss gomery	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Rural-Norbeck	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside corp	orote limits, write R PD/BIA/V9	URAL end gi	ive nearest town	n)
d. NAME OF HOSPITAL (If not in hospital, give street of National Motley Rest H		d. STREET AD	4111111	- Cabin	John		SIDENCE A FARM? NO 1
3. NAME OF DECEASED (Type or print) Raymond	Clyde	Sipes	4. DATE OF DEATH		lary	14	Yeor 19 58
mare white widows		8. DATE OF BIRTH	6, 1892	9, AGE (In years lost birthdoy) 65 yrs.	Months [Ooys Hours	Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Never worked 13. FATHER'S NAME	KIND OF BUSINESS OR INDU		vland	country)		ISA .	COUNTRY?
John H. Sipes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Elizabet	h Hill	ress		4
(Yes, no. or unknown) (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per lir PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ohn T. Pneumo	Sipes 6	510-78t	h St.	Cabin INTERVAL BI ONSET AND	ETWEEN
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	Complicati	ng Inte	estinal		1	5 da	ays
PART II. OTHER SIGNIFICANT CONDITIONS CHEMICAL EXAMINER 200. ACCIDENT WAS UNDERLYING OF DEATH 200. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	· · · · · · · · · · · · · · · · · · ·	eral In	iguinal I	Herniae		PERFO	AUTOPSY ORMED?
	NJURY OCCURRED 20e. PL		lome, form, 20f. (Ci		• (Co	ounty)	(Stote)
21. I certify that I attended the decease alive an Feb. 14, 19.			:45A M, fro	im the causes of Street, city or town,	and on th		ed abave.
PHYSICIAN'S Webster Sewel	1, M.D.	M.V. ,					175
220. BURIAL CREMATION, PREMOVAL (Specify) 2/22/58	Potomac Ch		Pot		arvla		te)
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrev Be	ADDRESS ethesda. Mar	ryland	DATE FEB 2 4		ISTRAR'S SIG	uch	

BUREAU V. K.

8961 PS 833



TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. L.

FEB 10 1958

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Montgomery o. STATE Maryland b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURA and give pearest town) Etchison weeks d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE R.F.D. woodbine. ONLA FARM? Co. General Hosp. YES TO NO NAME OF 4. DATE OLIVER" PERRY SNYDER Day DECEASED 1958 Febuary (Type or print) Male 6. COLOS OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 83 vrs Months Hours Min. July 3I **I874** WIDOWED I DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Retired warking life, even if retired) Own Farm Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oliver Snyder Annie Hilton Mary 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) None Annie M. Hilton AS 2 Same 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) monun MARANIL DUE TO Canditians, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 af item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) 0. 11. Not while at wark at wark p. m. . 1952, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at_____ .M, fram the causes and on the date stated above. ADDRESS (Street, city of town, state eb. ACTUAL Damacus Md. PHYSICIAN'S NAME (Type) James Kerr 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Feb. Mt. Olivet Frederi Md 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE tonsville.

with director filed within 24 hours after death. funeral pe should ease ā Then ... E TO HOSPITAL OR FUNERAL age 3 she page 0 VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2255	CERTIFICATE	OF	DEATH	

(12234 Reg. Dist. No.

- 6		
	1. PLACE OF DEATH o. COUNTY MONGOMEN MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE OTHER OF THE COUNTY TO A COUNT
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Solthos do 5 days.	c. CITY OR TOWN (It outside corporate limits, write RURAL and give yearest town)
1	d. NAME OF HOSPITAL (If not in haspital give street address) OR INSTITUTIONS LEWIS A.	d. STREET ADDRESS CON A FARM? 14 W. Druing VES PRO [
	3. NAME OF DECEASED (Type or print) Thomas along a	Sunder 4. Date Manth Day Year OF DEATH FEB 37 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	B. DAJE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Iost birthday) yrs. Dustry VI. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	during most of working life, even if retired) Au 13. FATHER'S NAME	W. Virginia U.S.A.
1	Withiam File Snyder	Is is Ingelly Woodford
	(If you give wor or dates of service)	iss Ether aure Suydes Rangles
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 527 DUE TO	Facture ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. (b) All uturnetur (4-1) (c) Obstructure (4-1)	uphipenanced Benchial Certifica
	CAT	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. Pl While Not while at wark at wark at wark	PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.) (Caunty) (State)
	21. I certify that I attended the deceased from 22 Februs alive an 27 February, 19 5 8, and that death	th accurred at ? D. M., from the causes and an the date stated abave.
	SIGNATURE COLUMN S. Witousky ?.	M.D. SWIE 400 82/8 MISCONSIN AVE.
	NAME (Type) EdWARD S. WITOWSKI, JR.	BRITHESDA 14, Md. 2/29/51
		OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Crematory Prince Georges Maryland
	Robert A. Pumphrey-7557 Wis. Ave. Bet	thesda, M. date MAR 3 '58 246 REGISTRAR'S SIGNATURE



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FOR STATE

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should by worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

TO FUNERALL RECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State-based of Health, or its designated agent, prior to buriol, cremotion, or remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

112235

		29	256						Reg. Dis	t. No.		
1, 1	LACE OF DEATH	101	000			2. USUAL RESIDENCE (Where decea	sed lived. If institut	ion: Residen	ce before	odmission)	_
	. COUNTY M	ontgomery		MARYL	AND	o. STATE Mar	vland	b. COUNTY	Mont	gom	erv	
lo	. CITY OR TOWN (II	outside carparate limits, write	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (I	•	porate limits, write				-
. (Chevy Cha	se		35 years		Chevy Ch						
			_	oitot, give street address)	d. STREET ADDRESS				e.	IS RESIDENCE	
		hase Circ	le			#9 Chevy	Chase	Circle		Y	ES NO	
3. 1	NAME OF DECEASED	First	t	Middle		Lost	4. DATE	Month		Day	Yeor	
	Type or print)	Jame	es			SPARKS	DEATH	Februar	y 2	4	19 58	
5. 5	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	X 8.	DATE OF BIRTH		9. AGE (In years	IFUNDER 1	YEAR IF	UNDER 24 HRS	-
	Male	Colored	WIDOWED	DIVORCED [lov. 24, 1884	2.1	73 yrs.	Months D	O's Ho	ours Min.	
100	USUAL OCCUPATION	N (Give kind of work d	one 10b. Ki	ND OF BUSINESS OR I	NDUST	RY 11. BIRTHPLACE (State	e or foreign c	ountry)	12. CITIZI	EN OF W	HAT COUNTRY	17
	Chauffeur	,,	Pri	vate famil	У	Charlottes	sville,	Virginia	ı	USA		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Ja	ck Sparks				· ? I	Deanie					
15.		R IN U. S. ARMED FOR		OCIAL SECURITY NO.		IFORMANT					igside .	
2	, ric, or clinitown,	in yes, give wor or doles of s		nknown	Mr	s. Walter J	Jenkin	s-sister]	New Y	ork	26, N.	Y.
	18. CAUSE OF DEAT	H [Enter only one cous								INTERVAL ONSET AN		-
		WAS CAUSED BY:	Cor	onary Occl	mei	on					d dead	in
	1120	MMEDIATE CAUSE (6)	<u>C01</u>	onary occi	ugi	OII			1		u ueau	TIL
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	gave rise to immedi	ate couse										-
	(a), stating the uncause lost.	nderlying DUE TO										
Z		FR SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	AINAI DISEAS	E CONDITION GIVE	At INI PART 1	1/-1/10 1/	VAC ALITORCY	=
0							W W C D IOL IO	L CONDINON ON	HAILA LOKE	P	ERFORMED?	
5	200. EXTERNAL CAUS			two years				415 101		YES	□ NO X	_
CERTIFICATION	PRIMARY OF CON	TRIBUTING [. DESCRIBE	NOW INJURY OCCUR	(ED. (EI	nter nature of injury in Par	er I of Pert II	of item 18.)				
3	20c. TIME OF INJUR	Month, Day, Year	20d. IN	JURY OCCURRED 20	e. PLAC	E OF INJURY (Home, form	m. 20f. (City	or fown)	(Count	ly)	(State)	-
MEDICAL	Hour o. m. p. m.	19	While of wor	k of work	focto	ry, street, affice bldg., etc	c.)					
	21. I certify the	at I took charge	of the re	emains described	abov	re, held an Autops	sy 🔲, II	spection X.	Inquiry	X,	and in my	
	opinion death r	esulted from: N	latural co	auses X, Accid	ent [7. Suicide 7.	Hamicide	T. Undeter	mined mo	onner		
	1											
	ACTUAL	and I: 1.	Sim	hast		M.D. CHIEF MEDICAL E	XAMINER [D/	ATE SIGNED	
						ASSISTANT MEDIC	CAL EXAMINE	R 🔲				
	EXAMINER'S H	rank J. Br	roscha	art. M.D.		DEPUTY MEDICAL	EXAMINER 5	Fe Fe	bruar	v 24	. 1958	
220	W	. 226. DATE THEREO		22c. NAME OF CEMETER	RY OR	CREMATORY	22d. LOCA	TION (City, lown, or		-	(Stote)	=
R	emoval	2/25/195	58	McGuire F	une	ral Home	Wash	nington	I	Dist.	Col.	
23.	FUNERAL DIRECTOR'S		Deep	ADDRESS		240. REC	D BY REGIST		TRAR'S SIGN	ATURE		
K	opert A. I	rumphrey-	1557	Wis. Ave. 1	Bet	hesda, MdfE	B 2 7 '58	o work	eaul	N		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Page files. Heolth. b. COUNTY Montgomery MARYLAND Maryland Monte b. CITY OR TOWN (It autside corporate limits, write RURAL c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) tawn) a G rector. PUC 50 Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2709 Fenimore Rd. YES NO I 2709 Fenimore Rd retain State 3. NAME OF Middle DATE Manth DECEASED (Type or print) Edward Steers DEATH ofter 19 Feb. 16. 1958 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS may male lost birthday! white 13/1900 Months Days Haurs WIDOWED [7] DIVORCED T 50 01 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Page ! 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired U.S.Gov. MARYLAND IISA n pencil in Item 18. Give Pages er's Office along with form PM3. buriol transit permit. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wm. W. Steers Whitner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address any Pauline E. Steers (wife Item 2 18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Coronary Occlusion PART I. DEATH WAS CAUSED BY: sudden IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gave rise to immediate cause pending" in prical Examiner's DUE TO (a), stating the underlying 0 couse last. 20 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 119, WAS AUTOPSY CERTIFICATION used PERFORMED? 0 Chief Medical YES [] 20g. EXTERNAL CAUSE WAS PRIMARY G or CONTRIBUTING CAUSE OF DEATH. e Q 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) pino 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year Sh (County) foctory, street, office bldg., etc.) Not while 0 m Page 3 at work of wark p. m. 21. I certify that I took charge of the remains described above, held an Autapsy ... Inspection J. Inquiry and in my Marded 1 opinion death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner MEDICAL DATE SIGNED designated ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE should be ASSISTANT MEDICAL EXAMINER EXAMINER'S Frank J. Broschart 2/17/58 NAME (Type) DEPUTY MEDICAL EXAMINER TH

VS. A15ME 5M 2/57

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220. BURIAL, CREMATION. 22b. DATE THEREOF

FUNERAL DIRECTOR'S SIGNATURE

REMOVAL Speciff

225 NAME OF GEMETERY OR CREMATORY

22d. 10CATION (City, town, or county)

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NO X

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(Stote)

240 REC'D BY REGISTRA 24b. REGISTRAR'S SIGNATUR AMEDICAL EXEMPLES CERTIFICATE OF DEATH

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the explificate, writing the ward "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be radical to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

TO FUNERAL ZIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, and its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death. 1

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

112237 Reg. Dist. No.

1. PLACE OF DEATH										
o. COUNTY Mont	tgomery		MARY	reand 2.	o. STATE Maryl		b. COUN	rv	imore	ssion)
b. CITY OR TOWN (If a	utside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside carporo	te limits, write	RURAL and g	give neorest to	wn) 🗸
and give region town,	Olney		DOA			Baltimo:	re	3 VO	1-4	
d. NAME OF HOSPITAL	OR INSTITUTION (II	not in hospit	al, give street addres	55)	d. STREET ADDRESS					SIDENCE A FARM?
Montgomery (lounty Gene	ral Ho	spital. I	ne.		2473 Ca	llow A	venue		NO 🔼
3. NAME OF	First		Middle		Lost	4. DATE	Mont	h	Doy Y	ear
(Type or print)		.va			Stoler	OF DEATH	Febr			9 58
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIES	D 8. DA	TE OF BIRTH		AGE (In years		YEAR IF UND	
Female	White	WIDOWED [DIVORCED		october 12.		yrs.		ays Hours	Min.
100. USUAL OCCUPATION	Give kind of work d	one 10b. KIN	D OF BUSINESS OR				ואי)	12. CITIZE	EN OF WHAT	COUNTRY?
Housewi		1 72			Marvland			3 /	U.S.A	
13. FATHER'S NAME	.10			14.	MOTHER'S MAIDEN N	IAME			0 017 0 22	•
Togo	oh Hurwitz				Lena Da	rri dann				
15. WAS DECEASED EVE	And the little of the latest and the	CES? 16 SC	OCIAL SECURITY NO.	17. INFOI		VIUBOII	Address			
(Yes, no, er unknown)	It yes, give war or dates of to					1000				a
				Ilsabo	ore Goldber	g, 1022	<u> ue bec</u>	Ter. S		3/3
	H (Enter only one cous	e per line for	(o), (b), and (c).]						ONSET AND DE	EN Md
	H WAS CAUSED BY:	Thor	racic Hemo	rrhage	e				25 m	inute
825 X	DUE TO	543							130	
Conditions, if on	y, which) (b)	cr	ushed ches	st						
gove rise to immedi	ote couse									
(o), stating the un	(c)_	9111	to acciden	t.						
Z PART II. OTHE					RELATED TO THE TERMI	NALDISEASE CO	ONDITION GI	VEN IN PART I	1(a) 19. WAS	AUTOPSY
9	of jaw, le	***************************************								RMED?
PRIMARY O or CON CAUSE OF DEATH.	TRIBUTING []				nature of injury in Port	t or Port II of i	tem 18.)			
HI CAUSE OF DEATH.	IT To				are form	anta co	at dont			
- }	IMC				nvolved in				lw)	(State)
- }	Month, Day, Year		JURY OCCURRED 2	Oe. PLACE C	OF INJURY (Home, form street, office bldg., etc.	20f. (City or	town)	(Count		(State)
20c. TIME OF INJURY	Month, Doy, Year 2/4/58 19	20d. INJ While of work	JURY OCCURRED 2 Not white of work	U.S. I	of INJURY (Home, form street, office bldg., etc. R. 29,	20f. (City or Bur	tonsvi	(Count	ntg.	(State) Md
20c. TIME OF INJURY	Month, Doy, Year 2/4/58 19	20d. INJ While of work	JURY OCCURRED 2 Not white of work	U.S. I	OF INJURY (Home, form street, office bldg., etc.	20f. (City or Bur	tonsvi	(Count	ntg.	
20c. TIME OF INJURY Hour 3:00p. m. 21. I certify the	Month, Day, Year 2/4/58 19 of I took charge	While of work	Not while of work moins described	U.S. I	of INJURY (Home, form street, office bldg., etc. R. 29,	Bur , Insp	tonsvl.	(Count lle Mo , Inquiry	ntg.	Md
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20c. TIME OF INJURY 3:00p. m. 21. I certify the opinion deoth r ACTUAL SIGNATURE EXAMINER'S NAME (Typo) PEMOVAL (Specify) 220. DERIAL, CREMATION PEMOVAL (Specify)	Month, Doy, Year 2/4/58 19 of I took chorge resulted from: N rank J. Bro	of the resolution of the resol	Mot while of work moins described	V.S. I d obove, dent .	DE INJURY (Home, form street, office bldg., etc. Re. 29, held on Autops) Suicide , f D. CHIEF MEDICAL EX ASSISTANT MEDICAL EX DEPUTY MEDICAL EX MATORY	20f. (City or Bur y, Insp Homicide AMINER AL EXAMINER EXAMINER	tonsvi. tonsvi. ection [X] Undete For a construction [X]	(County)	ontg. A, an anner 7 5, DATE S 1958.	Md on my

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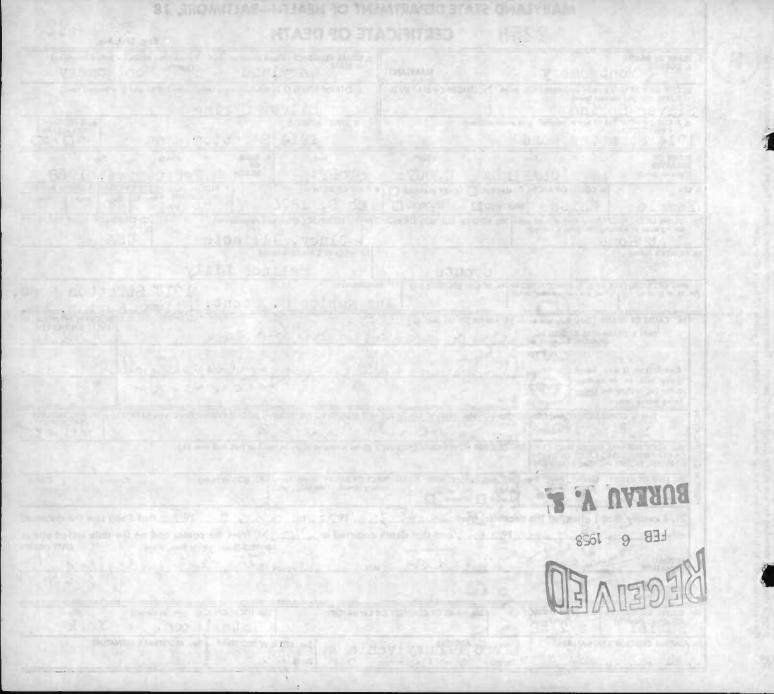
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2259 CERTIFICATE OF DEATH

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1919()()				Reg. Dist. N	lo.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Whe			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		utside corporate limits, wri		
Silver Spring		56 Silve	er Spring		
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION 1914 Stratton Road	oddress)	d. STREET ADDRESS		Road	e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF First	Middle		r		
DECEASED (Type or print) CLARIND		STOUT	OF	Month Druary 4	Day Yeor 1958
S. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye		AR IF UNDER 24 HRS.
Female White widows	DIVORCED	Feb 8, 1876	last birthdo	yrs. Months Doy:	s Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote of	or foreign country)		OF WHAT COUNTRY
At Home		Olney, I	llinoiss	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
	Croute		nda Lilly		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		nformant rs Mation H.			tton Road
LIG CAUSE OF PEARL SE		rs Mation H.	Stout, S.		ring, Md
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY:	te for (o), (b), ond (c).	the R		0	NET AND DEATH
IMMEDIATE CAUSE (6)	reoral	mom	To ace		1 Lday
DUE TO R	7.	0-	II.	0. 4	10 - 1
Conditions, if ony, which gove rise to immediate	Merro	terosis.	- Newer	liged /	o year
coese (o), stoting the under lying couse lost.		*	t lerebr	off-	0
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIB	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While of worl	Not while fo	ACE OF INJURY (Home, farm, cotory, street, office bldg., etc.)	20f. (City or town)	(Count	y) (State)
21. I certify that I attended the decease	ed fram Seps 5	, 1956, ta	Cel 4 , 19	2 d,that I last	saw the deceased
alive an 195	, and that death	accurred at 0:15	M, fram the cause	es and an the d	late stated abave
ACTUAL SIGNATURE SIGNATURE	1) 1/100	29	DDRESS (Street, City or to	wn, store	DATE SIGNE
PHYSICIAN'S NAME (Type)		, M.D		x,mary	61845
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2/7/58	22c. NAME OF CEMETERY C	DR CREMATORY	22d. LOCATION (City, too Interlake	/	(Stole) York
23. FUNERAL DIRECTOR'S SIGNATURE	56 ADDRESS nsylva	240_REC'D		EGISTRAR'S SIGNAT	TURE
asaldy Hawkits Sometime	We shington	ania Averie	6 '58 (1)	Land	



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2260 CERTIFICATE OF DEATH 02239

Rea. Dist. No.

215

1.	PLACE OF DEATH					2. USUAL RESIDENCE	E (Whe	ere deceased	lived. If instituti	on: Reside	nce befo	re odmis	sion)
L	Montgomery			MAR	YLAND	Florida	98		b. COUNTY				
	b. CITY OR TOWN (If RURAL and give ne	autside corporate limits arest town)	, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN	l (If au	itside corpor	ote limits, write f	URAL and	give ner	orest taw	n) L
L	Bethesda (Rural)		77 days		Orange Ci	ty		48	x = 3			
	OR INSTITUTION	AL (If not in hospital, gi	ve street	oddress)	- 451	d. STREET ADDRES	SS					e. IS RES	FARM?
L	U.S. Naval	Hospital,	MMM	C.Bethesda	Md.	P.O. Box	565	5					NO 🔯
3.	NAME OF DECEASED	First		Middl	е	Lost		4. DATE	Mor	ith	Do	ıy	Yeor
	(Type or print)	Thomas		Albert		TALLMAN	-	OF DEATH	Februs	rv	1		1958
5.	SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARK	HED 🔲	8. DATE OF BIRTH			AGE (In years	IF UNDER	1 YEAR		all all
1	ale	White	WIDOWE	DIVORC	ED 🗌	3De cember	187	79	lost birthday) 77 yrs.	Months	Doys	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work de	one 10b.	KIND OF BUSINESS		TRY 11. BIRTHPLACE (S			untry)	12. CI	TIZEN C	F WHAT	COUNTRY
	ariner	ing life, even if retired)		J.S. Navy		Alabama						U.S.	
	FATHER'S NAME					14. MOTHER'S MAID	EN NA	AME				0000	
R	ichard P.	TALLMAN				Mary DELA	CY						
15.		IN U. S. ARMED FORCE		SOCIAL SECURITY NO	D. 17. II	NFORMANT			Add	ress			
(14,		yes, give war or dates of ser WW-II & I		known	(0	offician Na	vy :	Recor					
	18. CAUSE OF DEAT	TH [Enter only one cou	se per lir	e for (o), (b), and (c)).]							ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	(areino	ma	Sougues	r) C	full.	long	110	ONS	ET AND	DEATH
	141.9	DUE TO			-	0		1	7		1	y as I	1 pps un
	Canditions, if an	y, which) (b)_											
	gove rise to im cause (o), stoting ti	mediote (7.12			
	lying couse last.	(c)											
Z	PART II. OTHI		ITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE T	ERMIN	IAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 1	9. WAS	AUTOPSY
CATI											,,,,,	PERFO	RMED?
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH	Ob. DESC	RIBE HOW INJURY O	CCURRED). (Enter nature of injury	y in Po	ort I or Port	Il of item 18.)	F 0			
		Month, Day, Year	Too. in	HILLDY OCCUPATE	100. 01.4	CF OF INTHUSY A		Tast in					
MEDICAL	Hour o.m.	monin, Day, Tear	While	JURY OCCURRED Not while	fac	CE OF INJURY (Home, tory, street, affice bldg.,	torm, , etc.)	20f. (City o	or tawn)	(4	County)		(Stote)
X	p. m.	19	ot work	of wark									
-	21. I certify the	at I attended the a	decease	ed from 16 N	ovemb	er, 1957, to	1	Februa	ry, 1958	,that I	last so	w the	deceased
	olive on 1 Fe	bruary	, 195	ge_, and the	t death	occurred ot 2:	15A	M. from	the couses of	nd on t	he da	te state	d above
	· · · · · · · · · · · · · · · · · · ·	6/11		1.					et, city ar town,				TE SIGNED
ä	ACTUAL SIGNATURE	6,00	06	red	A	A.D. U.S. Nava	al	Hospi	tal, Bet	hesda	, Me	d. 2	-3-58
П								3					
	PHYSICIAN'S M. C	. SHEA, LT	, MC	, USN		U.S. Nav	al	Hospi-	tal, Bet	hesda	, Me	đ.	
220		, 22b. DATE THEREOF		22c. NAME OF CEN	ETERY OR	CREMATORY	2	22d. LOCATIO	ON (City, town, o	or county)		(State	e)
B	REMOVAL (Specify)	2-6-58		Arlington	Nat'	1 Cemeterv			ngton. V		ia		
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTR				E	
R	A. Pumphr	ev. 7557 Wi	scor	nsin Ave	Bethe	sda Md DATE	EB 6	158	(1702)		1		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2261

CERTIFICATE OF DEATH

02240

Reg. Dist. No.
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 8668 Piney Branch Road
Silver Spring, Apt. T4 o. IS RESIDENCE on A FARM? YES NO
1011 1. DATE Month Doy Year OF DEATH February 23 1958
B. DATE OF BIRTH Feb. 2, 1902 9. AGE (In years lost birthday) 56 yrs. FUNDER 1 YEAR FUNDER 24 HRS. Months Days Hours Min. Mi
USTRY 11. BIRTHPLACE (Stole or foreign country) Montg. Co., Md.
14. MOTHER'S MAIDEN NAME Agnes Unknown
Frances Johnson 8668 GarTind Ave., Takoma Park, Md. T4
ombosis interval between onset and death /2 hour
otic Disease
IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO*
ED. (Enter nature of injury in Port I or Port II of item 18.)
PLACE OF INJURY (Home, farm, octory, street, affice bldg., etc.) 20f. (City or town) (County) (State)
25, 19.34, to Reb. 23, 1958., that I last saw the deceased
h accurred of 0:07 M, from the causes and an the date stated above. P ADDRESS (Street, city or town, state) DATE SIGNED M.D. Norbeck Rt. 1 Silv. Sp., Md.
OR CREMATORY Sandy Spring, Md. (Stote)
240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAR 3 '58 CLESCOLIA

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381 & AAM	Tell line		3,84,45,6	
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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the extiticate, writing the ward "pending" in pendinin item, 18. Give Pages 1, 2, and 3 to the funged director. Page 4 should the revarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained or your files. DEUNERAL ORECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal. One is any event within 72 haurs after death. I

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02241 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Montgomeria MARYLAN	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Montg.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring c. LENGTH OF STAY IN 1 12 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2913 Stanton Ave.	d. STREET ADDRESS 2913 Stanton Ave e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) Robert Kelley Thulman	Losi A. DATE Month Doy Yeor DEATH Feb. 18, 1958 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 Minute Widowed 1 DIVORCED 1	12/31/1898 Tott birthday 59rs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired) engineer (mechanical) Chimney Sales Co	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
John A. Thulman	14. MOTHER'S MAIDEN NAME Mary M. Kelley
[Yes, ng_er unknown] } (If yes, give_war or dates of service)	Matherine D. Thulman (wife)
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (o)] DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying DUE TO	lusion Sudden
ICATI	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEDS, YES NO (Lenter nature of injury in Port I or Part II of item 18.)
Hour a.m. p. m. 19 While Not while at work at work	LACE OF INJURY (Home, form, cctary, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that I took charge of the remains described all opinion death resulted from: Natural couses X, Accident SIGNATURE FRANK & Broschart	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type) Frank J. Broschart	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2/19/58
220. BURIAL, CREMATION, 22b. DATE JHEREOF PARKLAWN CEM	ETERY MONTGOMERY COUNTY, MARYLAND
23. FUNERAL DIRECTOR'S SIGNATURE WALLELY & Tumpkrey SILVER SPRIN	G, MD. DATE FEB 2 4 '58 24 REGISTRAR'S SIGNATURE

TO DEPUTY

ARE MAND STATE DEPARTMENT CENTERLING TO DE DEATH
AND CALL EXAMINER'S CERTIFICATE OF DEATH

BUREAU K. E.

FEB 24 1958



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2118

CERTIFICATE OF DEATH

Rea. Dist. No.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE MONTGOMERY b. COUNTY MARYLAND MARYLAND MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) TAKOMA PARK 2 months TAKOMA PARK d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1105 Kirklynn Avenue 1105 Kirklynn Avenue YES NO NO NAME OF First DATE Middle Lost Month Year Day DECEASED CHARLES M. THURMAN (Type or print) DEATH FEB. 18 58 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys MALE WHITE WIDOWED AT DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TUNNEL. OHIO U.S.A. CARPENTER & FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DAVID THURMAN EMILE LONGEFILOW 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Arthur E. Housman, 1105 Kirklynn Ave. Park. Mary Lantirval BETWEEN 18. CAUSE OF DEATH [Enter only one couse per ling-for (o); fb), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO cosse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour 0 0 While Not while of work of work p. m . 1958 that I last saw the deceased 21. I certify that I attended the deceased fram. __, 19¥ 7, to_ ____, and that death occurred at 423 p.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL DEAN H. HARDING PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BIR TAL (Specify) UNION CEMETERY BURTONSVILLE. MONTGOMERY CO. MD. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR SILVER SPRING, MD.

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			2	263	CERT	IFICA	ATE OF DEAT	Н		Reg. Dist.	. No. 21	3664
	1. F	LACE OF DEATH	ntgomery		MAR	YLAND	2. USUAL RESIDENCE (W a. STATE Marylar		d lived. If instituti b. COUNTY	on: Residence	before adm	ission)
	_	RURAL and give			LENGTH OF STAY		c. CITY OR TOWN (If			URAL and giv	ve nearest to	wn}
3)			Rural) ital (If not in hospitol, g Hospital,	ve street add	iress)	14.0	d. STREET ADDRESS	COATT.	18	A &	ON	ESIDENCE A FARM?
	0	NAME OF DECEASED Type or print)	Fin Baby		Middle Girl		Lost POWNSEND	4. DATE OF DEATH	Mor	uary	Day 7	Yeor 19 58
	5. S	emale		7. MARRIED	NEVER MARRI		B. DATE OF BIRTH 7 February	1958	9. AGE (In years lost birthday) yrs.	Months D	YEAR IF UN	DER 24 HRS.
	10a.	USUAL OCCUPAT during most of wo None	ION (Give kind of work d rking life, even if retired)		one	OR INDUS	TRY 11. BIRTHPLACE (Stote Maryland		ountry)	12. CITIZ	U.S.	AT COUNTRY
		father's NAME dward Fra	ncis TOWNSE	ND			Mary Jane E					
	IS.	no or unknown)	ER IN U. S. ARMED FORG	rvice)	CIAL SECURITY NO		ather)Edward	F. Tov	wnsend (S	same As	#2)	
			the under-		for (0), (b), and (c)	as to	nis forta	is (k	ejdro pia)	INTERVAL ONSET AN	BETWEEN ID DEATH
2	CATION			DITIONS COK	TRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART I	PERI	S AUTOPSY FORMED?
- 1		20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIE	BE HOW INJURY C	CCURRE). (Enter nature of injury in	Port I or Port	t II of item 18.)			
	MEDICAL	20c. TIME OF INJU Hour o.m. p.m.	RY Month, Doy, Yea	Vhile	Not while of work	20e. PLA foo	CE OF INJURY IHome, for tory, street, office bldg., etc.	n, 20f. (City	or town)	(Co	unty)	(State)
		21. I certify to alive an 7	hat sattended the February	deceased , 19 58		brua:	occurred at 10:05	ADDRESS (SI	n the causes o	state)	date sta	ted abave
		PHYCICIANIC	USSELL MILLE	R. JR.	LT.MC.US	/	U.S. Naval					-1-70
	22a.	BURIAL, CREMATION REMOVAL (Specify	ON, 22b. DATE THEREO	2	2c. NAME OF CEM	ETERY OF	crematory 1 Cemetery		ngton Na		(St	ote)
		DERAL DIRECTOR	//	scons:	ADDRESS in Ave., E	ethe		D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	ATURE	
1	2	1-1-14	- 1/20512	JOY.	12				COU.	- SALL	7	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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PILAL OR ALIENDING PH	e retained by the hospital	ERAL CTOR: After this	3 shoulene detached for u	
SPILAL OR ALIENDING PH	be retained by the hospital	NERAL (TOR: After this	3 should be detached for u	
COPILAL OR ALIENDING PH	y be retained by the hospital	UNERAL TOR: After this	ge 3 should be detached for u	
HOSFILAL OR ALIENDING PH	loy be retained by the hospital	FUNERAL (TTOR: After this	age 3 should be detached for u	
O HONLIAL ON ALLENDING PRINCIPALS the tow requires that the death certificate be executed within 24 hours order death. Toge 4	moy be retained by the hospital or attending physician.	O FUNERAL TOR: After this certificate has been signed by the attending physician and completely filled in the funeral director,	page 3 should be detached for u	The state of the s

VS A15 (4) 15M 10/57

		MARY	AND	STATE DEPA	ARTM	ENT OF HEALTH	I—BAL	TIMORE, 1	8		
	DECEASED (Type or print) COURT TO Y Anne Wade OFATH February OFATH Months Down Hour Min. OFATH February OFATH February OFATH February OFATH February OFATH February OFATH INDEX INDEX FEBRUARS INDEX INDEX INDEX INDEX INDEX INDEX INDEX INTERVALE FEBRUARS ONSET ADDRESS INDEX INTERVALE INTER										
	COUNTY	lontgomery		MAR	YLAND	C STATE	-	d lived. If institution b. COUNTY	on: Residence	e before adn	
	RURAL ond give n	eorest town)	ts, write					orate limits, write R	URAL ond gi	ve nearest to	own)
	OR INSTITUTION				Md.	d. STREET ADDRESS				10	A FARM?
	NAME OF DECEASED	Fig	st	Middle			OF	TP - 1		20,	Yeor 19 58
5. 5							1890				
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	No		2	219-34-9182	2 .	The Clinical (enter	, Bethes	da 14,	Mary.	Land
z	gove rise to i couse (o), stating lying couse last.	mmediate the under-)	CONTRIBILITIALS TO DE	ATLI DIS	NOT BELAYED TO THE TERM	NAI DISEA	E CONDITION CIT	(Chi shi DADT	1/21/19 W/	AS AUTOPSY
ICATIO							10 E		TEN IN FAKI	PER	FORMED?
	OR CONTRIBUTING	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY (CCURRE	D. (Enter noture of injury in I	Port I or Po	rt II af item 18.)			
MEDICAL	Hour o.m.		While	_ Not while _	20e. Pl	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (Cit	y or town)	(C	ounty)	(Stote)
-	alive on Fel ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Kurt W. Ko	ofue	58, , and tha M. D.	t death	M.D. The Cli Nationa Bethesd	AM, from ADDRESS (Spical Instant)	m the causes of Greet, city or town, Center titutes of Maryland	and on the store) If Heal	e date sta 2/ 1th	oted abave DATE SIGNE 20/58
220	Bureal	4/22/	58	Mone	CRE	7	B.	TION (City, town,	lle	n	101e) 14.
23.	onetare	& C. Stil	ton	ADDRESS	ren	velle DATE	B 2 5	TRAR 246. REGI	STRAR'S SIG	NATURE	

MARYEAU STATE DEPARTMENT OF HEALTH-BANKINGSE, 10

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BUREAU V. S.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: may be retained by the haspital or attending physician. TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral page 3 shot, the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	2120 CERTIFICA	ATE OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH a. COUNTY 72 onteromery Co. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY montage
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taleone rate D. 50 days	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
)	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION (Washington Armeterium and Hospi	d. STREET ADDRESS 12217 Blochill, Rd., 1. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Robert Henry	Walker DEATH Feb 9 195 8
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 6-24-09 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Days Haurs Min.
	100. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) Plumbur plumbur	D.C. U.S.
1	Custin Walker	Blanche Hardester
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16 n. no or unknown) (17 yes, give wor or dotes of service) (19 yes, give wor or dotes of service)	Hospital Records
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	BRAL INFAR CTION INTERVAL BETWEEN ONSET AND DEATH S DOK'S
	Conditions, if ony, which gave rise to immediate (b) EMBOL 121	OTION RT CAROTO BERRY (?)
	cause (a), stating the under. DUE TO	THE HOMET DISENSE 104RS.
2	NONE	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter noture of injury in Part 1 ar Part II of item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While of work at wark	LACE OF INJURY (Hame, farm, 20f. (City or Iown) (County) (Stote) ctory, street, affice bldg., etc.)
	21. I certify that I offended the deceased from City alive on 2/8, and that death	accurred a Land, from the couses and on the date stoted above.
	ACTUAL SIGNATURE Variable Stuling	M.D. 1352 - UNIVERSITY LONG
9	PHYSICIAN'S HARRED STERE, N	(C,1)
	20. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BUrial 2/12/58 Arling ton N	OR CREMATORY 22d. LOCATION (City. town, or caunty) (State) Natl. Cem. Arlington, Virginia
(23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WAS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE: DATE: 1 3 158

FITAGO TO STADISTICATE OF BEATH all wood I had goth LEB . 3 1828

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02247 Reg. Dist. No.

> e. IS RESIDENCE ON A FARM? YES NO 7

> > Year

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED?

YES NO F

(State)

DATE SIGNED

Days

(County)

Months

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DECENAED	Street and Street	T TOTAL TOTAL		

ON A STREET

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Maryland - Montgomer MARYLAND b. COUNTY Maryland Montgomerv b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ilver Springs Silver Springs d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE 9216 Flower Avenue None - 9216 Flower Ave. YES NO 3. NAME OF Middle 4. DATE Year Day DECEASED (Type or print) Mary Walker Walton DEATH Feb. 958 19 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH lost birthday) Months DIVORCED | Female WIDOWED X 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Housewife Home Brunswick. Georgi 13. FATHER'S NAME Timothy W. Dexter Ida Morton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 9216 Flower None Isobel SisterSilver Sp. Md Dexter 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (or DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Haur a. ft. While Not while at work at work 0 Jef . 1958 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 11.40 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S ERUCH 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) of Our Saviur Rio. 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Washington. DATE

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	SECONDARIO (CITATO), NECESTRAÇÃO AND INCORPORAÇÃO (CITATO)
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VS A15 (4) 15M 9/55

APVIAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	10
MARILAND	SIAIL DEI ARIMEITI	OI HEALIN-DALIMORE,	

	. 246	5 CERTIFIC	ATE OF DEATH		Reg. Dist. N	12249
1, PLACE OF DEATH	fontgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	ere deceased lived. If instit b, COUN		
RURAL and give	N (If outside corporate limits, write t neprest town) raithersburg	c. LENGTH OF STAY IN 16 1 yr. 10 m	D 311	utside carporate limits, write PC	RURAL and give n	earest tawn)
OR INSTITUTIO	PITAL (If not in haspital, give street) thodist Home for		d. STREET ADDRESS 3311 McE1	derry Street		IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	first Eva	Christine L	NATSON	4. DATE NO OF DEATH F	1 .	Day Year
5. SEX Female	a alla di da a	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH NOV. 2, 1887	9. AGE (In year last birthday	IF UNDER 1 YEA Manths Doys	R IF UNDER 24 H
10a. USUAL OCCUPA during most of w house 13. FATHER'S NAME	NION (Give kind of work dane lawaring life, even if retired)	0b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State Maryla 14. MOTHER'S MAIDEN N	nd		S. A.
	F. Bishop	14 SOCIAL SECURITY NO. 17	Virginia	Lighthouse	ddress	
(Yes, no. or unknown)	(It yes, give wor or dates of service)		Asbury Methodi			. Md.
	ony, which) (b) (c)	youardial en unicular fu	fortion willation	,	ON CO	TERVAL BETWEENSET AND DEAT
Cause (o), static lying cause la:	ong the under DUE TO 11. (c) CA DTHER SIGNIFICANT CONDITION RELLY	endio Vascul NS CONTRIBUTING TO DEATH BL			GIVEN IN PART 1(a)	19. WAS AUTO PERFORMED YES NO
20c. TIME OF INJ	IURY Manth, Day, Year 20d n.		PLACE OF INJURY (Home, farm octory, street, affice bldg., etc.	20f. (City or town)	(Caunt)	r) (S
	that I attended the dece	eased from 9-5	19.56, to 2. h occurred at 8.35 A			
actual SIGNATURE PHYSICIAN'S		Lover	M.D. 4208 ANTI	iery 41, KEN	riestosikiy.	
actual SIGNATURE PHYSICIAN'S NAME (Type)	Sarah E. Glover			22d. LOCATION (City, town Balto.)	n, ar county)	(State)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(1)	9	9	Por	0
()	4	1	0	17

Reg. Dist. No.

	DE COUNTY	iontromony	the state of the s	A STATE -	Where deceased lived. It	f institution: Residen	ce before admission)
		ontgomery	MARYLAND	Pa	•	Alle	gheny
	and give negres! fown)	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	tl	If autside corporate limits	, write RURAL and	give neorest town)
1	Ro	ckville	one day	Pittsbu	argh21	75 X	-3
0	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in he	ospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	811	E. Jefferson	St.	152 Ave.	A., Forre	st Hill:	S YES NO
	3. NAME OF DECEASED	First	Middle	Losi	4. DATE OF	Month	Day Year
	(Type or print)	Thomas Rayn	mond Watts		DEATH Feb	. 15. 19	958 19
7	5. SEX	6. COLOR OR RACE 7. MARR	IED INEVER MARRIED 8.	DATE OF BIRTH	898 9. AGE (In log by the	years IFUNDER 1	YEAR IF UNDER 24 HRS.
	male	white wow	ED DIVORCED	11/25/1/	399 625	yrs. Months D	O Hours Min.
	10a. USUAL OCCUPATIO during most of working	ON (Give kind of work done 10b. g life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	e or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
	Elec. e	ngineer		Ind			JSA
	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
1	Thom	as M. Watts		Blanche	Harris		
	15. WAS DECEASED EVE	If yes nive war or dates of service)	. SOCIAL SECURITY NO. 17. IN	FORMANT		ddress	
1]	.69-09-6232	Ray.D. Wat	ts Sames	Item 1	
	18. CAUSE OF DEAT	TH [Enter only one cause per line	e for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
		H WAS CAUSED BY: COT	ronary occlus	ion			sudden
	1420.1	DUE TO			79.15		
1	Conditions, If or	ny, which } (b)					
1	gave rise to immed						
1	(a), staling the u	(c)					
1	PART II. OTH	ER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CONDITIC	ON GIVEN IN PART	I(e) 19. WAS AUTOPSY
>	PART II. OTH 200. EXTERNAL CAU PRIMARY 0 or CON CAUSE OF DEATH.						PERFORMED?
	200. EXTERNAL CAU	ISE WAS 206. DESCRI	BE HOW INJURY OCCURRED. (E	nter nature of injury in Pa	rt I or Part 11 of item 18.		
- 1							
	20c. TIME OF INJUR Hour a. m. p. m.			E OF INJURY (Home, for	m, 20f. (City or town)	(Coun	ty) (State)
	Haur a. m.	19 Whi	le Nat while at wark				
	21. I certify th	at I took charge of the	remains described above	ve, held an Autop	sy , Inspection	X, Inquiry	and in my
	opinion death	resulted from: Notural	causes X. Accident [, Suicide ,	Homicide . U	ndetermined m	onner 🔲
		1.					7 43-165
	SIGNATURE	Muh 4 / 521	schrit	M.D. CHIEF MEDICAL E	XAMINER [DATE SIGNED
4	EXAMINER'S T	1.1		ASSISTANT MEDIC	CAL EXAMINER	0/2/	1-4
	NAME (Type)	Frank/J. Bros	chart	DEPUTY MEDICAL	EXAMINER ()	2/16/	58
	220. BURIAL, CREMATION	N. 276. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY Do male	22d. LOCATION (City.		(State)
	Buyord Tpecify)	2/19/58	effers nMemo	orial Park	Wilkens	ourg,	Penna.
1	23. FUNERAL DIRECTOR'S		ADDRESS	A	1	REGISTRAR'S SIGN	ATURE
	Robert A.	• Pumphrey 7	557 Wisconsi	AVE DATE	EB 2 0 '58	W.A edu	eh

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of a should be worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain:

TO FUNERAL RECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the State as or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 4 should by VS. A15ME

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	2466	CERTIFICA	ATE OF DEA
PLACE OF DEATH	Montgomery	MARYLAND	2. USUAL RESIDENCE a. STATE

Reg. Dist. No.

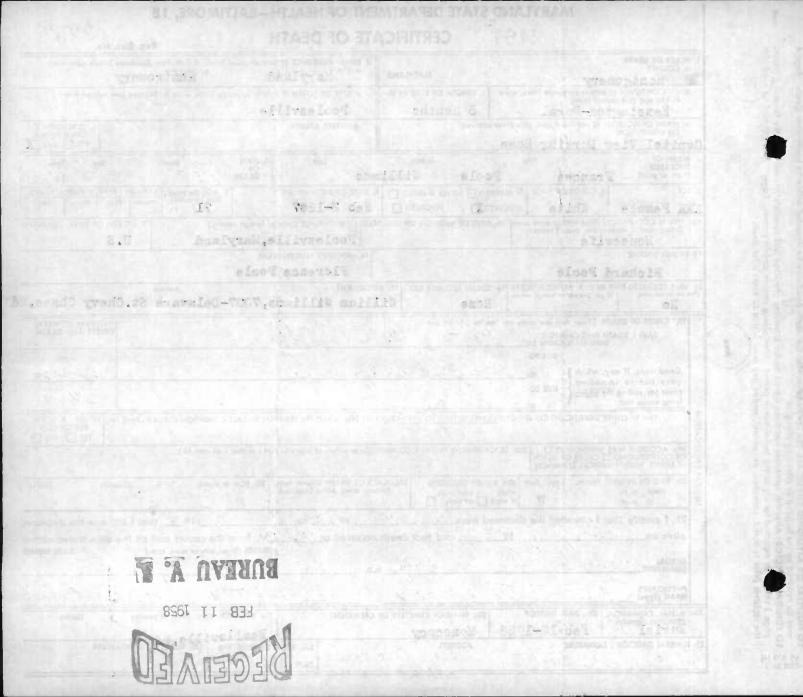
1. PLACE OF DEATH o. COUNTY	Montgomery		MARY	LAND	2. USUAL RESID o. STATE		ere decease	b. COUNT		nce before	e odmissi	on)
b. CITY OR TOWN	(If outside corporate limi	s, write	c. LENGTH OF STAY	IN 1b				rote limits, write	RURAL and	give near	rest lawn)	
RURAL and give t	ensington		2 mos.			Wasl	1 6 D.	G.	47	4.3		
	ITAL (If not in haspital, a	ive street			d. STREET AL					1	. IS RESI	DENCE
	ton Gardens	. 300	00 McComas	Ave	1812	K St.	N.W	I.			YES [
3. NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE OF		onth	Day	, Y	ear
(Type or print)	Ann	a	Λ		Whitman		DEATH	F	ebruar	y 18	1	9 58
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	ED 🔲	B. DATE OF BIRTH		1 11000	9. AGE (In yeo lost birthday		Days	Hours I	R 24 HRS. Min.
Female	White	WIDOW			1 - 21	3 ?		897 Y		Days	Hours	win.
during most of wo Social Se	ION (Give kind of work or rking life, even if retired Cretary		KIND OF BUSINESS C	OR INDUS			or foreign o		12. CI		S.	COUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	unknown					unk	nown					
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO		NFORMANT				dress Ke	ensi	ngto	on, Md
(Yes, no. or unknown)	(If yes, give war or dates of s	irvice)		Re	st Home	e Re	cords	-3000	McCon	nas	Ave	
	ATH [Enter only one co	use per li	ne for (o), (b), ond (c)	.]						INTE	RVAL BET	WEEN
PART I. DE	ATH WAS CAUSED BY:	Cl	hronic myo	cardi	tis					3	- VY	
4 2011	DUE TO	,					7 12				~ 0	
Conditions, if	any, which) (b	Go	eneralized	arte	rioscler	osis				1	l vr	S
gove rise to couse (o), stating	immediate Dus TO	,			1335 M							
lying couse lost)										
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS		IVEN IN PA	RT 1(o) 19	PERFO	NUTOPSY RMED?
5 703 OFra	cture, left	hip	Nov. 30.	1957	, repair	ed s	ane da	v Drs.	Hosp			NO
	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	pped on ru	CCURRE	D. (Enter noture of	injury in	Part I ar Par	t II of item 18.)	morni	ng pa	aper	
20c. TIME OF INJU			NJURY OCCURRED Not while rk ot wark	foo	ACE OF INJURY () ctory, street, office		.)	y or town)	Ń.W.	(County) Wash	6 D	(State)
21. I certify	that I attended the	deceas	sed from Anni	2	, 1946	, to_T			に名,that I	last sa	w the	deceosed
	Feb. 18	, 19_[100		accurred at.	3:30	DM, from		ond on		e stote	
ACTUAL SIGNATURE	lesse	R	Hew	ey	м.р. 162			Road,		sh 9	DC 2	/18/
PHYSICIAN'S NAME (Type)	Geor	ge .I	Dewey, M.D.	7								
220. BURIAL, CREMATI	ON. 226. DATE THERES)F	22c. NAME OF CEN Erie C		r CREMATORY tery		Eri	e, Peni	nsylv	ania	(Stote	=)
23. FUNERAL DIRECTO	R'S SIGNATURE H. Hines Co	. W	ADDRESS ashington	1, D	. C.		D BY REGIS	758 245. RE	GISTRAR'S S	ignatur	E	

BURKAU V. S. FEB 24 1958

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland a. COUNTY b. GOLNIT COMOTY MARYLAND 1 Mentzonery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 0 Kensington-Rural 5 Months Paclasvilla d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? hours Capital View Nursing Home YES INO NAME OF First Middle Lost 4. DATE Month Day Year Filled DECEASED Paole Williams DEATH (Type or print) Frances 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED R. DATE OF BIRTH 70 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours White WIDOWED DIVORCED Fab 2-18M 90 XMX Female YES 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Poolesville, Maryland Housewife U.S 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician certificate Richard Poels Florence Poole 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address William Williams, 7007-Delaware St. Chevy Chase, Md 72 None Ne affending please within 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO by mit. ony Conditions, if any, which been signed gave rise to immediate per DUE TO couse (a), stoting the underpup lying couse lost. burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED? has YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) certificate 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) use Hour o. m. factory, street, office bldg., etc.) While Not while p. m. at work at work 21. I certify that I attended the deceased fram. alive on 1.30 UM. fram the causes and an the date stated above. and that death accurred at ed by the ACTUAL PHYSICIAN'S KOBER FUNER 3 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (State) REMOVAL (Specify) 10-1958 Monocac 0 DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR DATE FER

death



1. PLACE OF DEATH COUNTY a. STATE filed MARYLAND CITY OR TOWN of outside carporale limits, write erol c. LENGTH OF STAY IN 16 RURAL and give nearest lown the fune a NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 12 NAME OF 4. DATE DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE AT 8. DATE OF BIRTH MARRIED NEVER MARRIED DIVORCED [WIDOWED ma during most of working life, even if retired) 13. FATHER'S WAME carban 14. MOTHER'S MAIDEN NAME Maner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 1B. CAUSE OF DEATH [Enter only one couse per line for (a), 五 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO ò permit. ony Candilions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost (c) 200. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) os MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, Doy, Year 20d. INJURY OCCURRED Hour o. m factory, street, office bldg., etc.) While Not while ot work of work 21. I certify that I attended the deceased fram. alive on and that death accurred at le-ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 24/58 CEMETERY FUNERAL DIRECTOR'S SIGNATURE SPRING. MD240. REC'D BY REGISTRAR 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) e. IS RESIDENCE ON A FARM? YES NO Month Year 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET, AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20f. (City or town) (State) (County) 195 X, that I last saw the deceased 45 TM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) MONTGOMERY 246. REGISTRAR'S SIGNATURE FEB 25 DATE

CONTRACTOR (CONTRACTOR CONTRACTOR) BUREAU V. S. AT BUT OF STREET AS THE STREET THERE

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WUREAU V. EEB 30 3828

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2469 CERTIFICATE OF DEATH

Reg. Dist. No. 12255

1	PLACE OF DEATH O. COUNTY Montgomery MARYLAND			AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE West Virginia b. COUNTY								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
1	Bethesda			187 days		Coal City 85x-3							
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION								e. IS RES				
L	The Clinical Center, Bethesda 14, Md.			None					YES NO				
	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE	Mon	ith	Day	,	Yeor
	(Type or print)	Eva		Blanch	e	With	row	OF DEATH	Febr	uary :	15,		958
	. SEX	6. COLOR OR RACE	7. MARR	TED NEVER MARRIED	0 0	. DATE OF BIRTH		9	AGE (In years	IF UNDER			
	Female	White	WIDOWI			July 8,	1895		lost birthdoy) 62 yrs.	Months	Days	Hours	Min.
T	00. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLA	CE (Stote o	or foreign co	untry)	12. CIT	IZEN O	F WHAT	COUNTRY?
1	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife None				Virginia U. S. A.					A.			
Ti	3. FATHER'S NAME	FATHER'S NAME				14. MOTHER'S A	MAIDEN N	IAME					
1	Gordon Gra	Gray Agnes Porter											
1	S. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	17. IN				ecord Add	ress			
	No	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address No Not available The Clinical Center, Bethesda 14, Maryland											
	PART I. DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), ond (c).]							INTE	RVAL BE	TWEEN
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost. DUE TO Epidermoid carcinoma, hard palate. Extension to maxillae, nasopharynx, sphenoid and ethmoid bone. 2 yr. DUE TO Epidermoid carcinoma, hard palate. Extension (b) to maxillae, nasopharynx, sphenoid and ethmoid bone. 2 yr. Leptomeningitis												
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?												
	YES NO												
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of work of work 19												
	21. I certify that I attended the deceased from August 12, 19 57, to February 15, 158, that I last saw the deceased alive on February 15, 19 58, and that death accurred at 3:00 PM, from the causes and an the date stated above.												
	-	TN1 - 3)	C 8 1				ADDRESS (Stre	eet, city or town,				TE SIGNED
	ACTUAL SIGNATURE	1000 1		and	N	The Cl						2/3	16/58
	PHYSICIAN'S NAME (Type)	John R. G	ill,J	r., M.D.		The Na Bethes			titutes yland	of He	alt	h	
2	20. BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEMET	ERY OR				ON (City, town, o	or county)		(Stote	e)
E	REMOVAL (Specify) ur-Transi	\$ 2/17/5	8	Wildwood			F	Beckl	ev.W. V	la.			H
	B. FUNERAL DIRECTOR'S			ADDRESS		2		BY REGISTR			NATUR	E	
	Robert A.	Pumphre	у-Ве	thesda, Md	•	(DATE	0 0 158	ale	Lasu	1		

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TE NAME OF THE PROPERTY OF THE STORY OF THE

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
2129	CERTIFICATE OF DEATH	Ren

	2129	2129 CERTIFICATE OF DEATH			Reg. Dist. No. 2	256		
	PLACE OF DEATH a. COUNTY MONTOOMERY	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institut b. COUNT		dmission)		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	LENGTH OF STAY IN 16	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
51	d. NAME OF HOSPITAL (If not in hospital, give street ad OR INSTITUTION ThileMENA REST HOME NOT	RBECK, Md	4.407-DAE	VYERS S.	1 0	RESIDENCE ON A FARM? S NO		
	NAME OF DECEASED (Type or print) Elizabeth	O. Woo	ARD Lost	4. DATE OF DEATH	nth Day	Year 1956		
	6. COLOR OR RACE 7. MARRIE WIDOWED	DIVORCED	8. DATE OF BIRTH 1-23-1879	9. AGE (In years lost birthdoy) 79 yrs	Months Days Ho	INDER 24 HRS.		
1	DUSUAL OCCUPATION (Give kind of work done 10b. Kind puring most of working life, even if retired)	ND OF BUSINESS OR INDU	VIROIN	or foreign country)	12. CITIZEN OF W	HAT COUNTRY?		
	William Sisson		14. MOTHER'S MAIDEN NA	ME ASA	TON			
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC. s. no. of unknown) (If yes, give wor or dates of service)	1-28-0972 J.	R. WoolAR	D ROCK L	dressDANVER	1di		
CATION	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if any, which gove rise to immediate couse (a), stoting the under-	igi (a), (b), one (c).]	Cento He	al sect	Mac Interva	L BETWEEN AND DEATH		
	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	HAL DISEASE CONDITION GI	PE	AS AUTOPSY REFORMED?		
L CERTIF	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRED	D. (Enter nature of injury in Pa	ort I or Port II of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJI Hour o. st. p. m. 19 While at work [_ Not while _ fac	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)		(County)	(State)		
	21. I certify that I attended the deceased from 2 19 19 19 19 19 19 19 19 19 19 19 19 19							
220	BURIAL, CREMATION, 22b. DATE THEREOF 2 10 - 58	22c. NAME OF CEMETERY OF	CREMATORY ::	22d DOCATION (City, town,	or country)	State)		
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 481: Yu	CLU- W (X DATE	BY REGISTRAR 746 REG	STRAR'S SIGNATURE			



2 6 2 6	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2120 Reg. Dist. No.	
on semant	1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)	
= 5	MARYLAND MAR	1
ogo di	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest town)	7
. 2	d, NAME OF HOSPITAL OR INSTITUTION (If part in hospital, give street address) / d. STREET ADDRESS e. IS RESIDENCE	
75	Ashington Sanuarum & Neshital Celo 05 Gulle Cire.	43
itra in the state of the state	3. NAME OF DECEASED ATE Month Day Year	2
fune regis	(Type or print) 5. SEX 16.(COTOR OR RACK) 7. MARRIED TO NEVER MARRIED TO 8 DATE OF SIRTY 19 AGE 10 WWW. IF LINDER 24 M	5
# P # #	Months Days Hours Min.	K5.
with visit	100. USUAL OCCUPATION (Give kind of wark dame 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT during most of working life) even if retired)	RYT
and 2 and 2 and 2	during most of working life) even if retired) Ohila America	
1. 2, nay s 1 a	13. FATHER'S NAME	
poges 5 r	Lay V. Wright II Kuly Aufman	
Poge Poge	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or doles of service) (If yes, give wor or doles of service)	
يَّ يَعِ قَ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
18.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Short	
for sit t	8/2 X DUE TO 74	
with tran	Canditions, if any, which) (b) Corebral Centers on & humanthan	
Jang	(a), stating the underlying DUE TO	,
0 0 0	COUSE TOST. (c) TENCHUL OF SECULO OF SECUE OF SECULO OF SECUE OF SECUE OF SECULO OF SECULO OF SECUE OF SECULO OF SECUE OF S	
ed of fifth	Rupture of college: Frantises of many black that to be Jemus at YES NO.	
pend ner's	20a. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH.	7
rd rd r	MAILE WELL CONTRACTOR OF THE PROPERTY OF THE P	
sho wa	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, Hour and While Nat while Nat while National States (County) (States 1))
g the	2 2 2 5 p.m. 2 - // 100 8 at work 2 street / Ak me sek F. J. Mil	e
Po Po	21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry , and find the	hat
Chii	death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause	
ifical of the	SIGNATURE Thank Or BARRAGENT M.D. CHIEF MEDICAL EXAMINER (
val.	ASSISTANT MEDICAL EXAMINER [7]	
NE ema	NAME (Type) TANIO J - 12 MOSCHOLA DEPUTY MEDICAL EXAMINER &	
fary O FU	22c. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iawn, or county) (State)	
	Burial 2/20/58 Ft. Lincoln Cemetery Prince Georges County, Md	•
S. A15ME(S) 5M 9/55	The S. H. Hines Co. Washington, D. C. DATE	
J. 7. 33	PEDE G DO QUILLENIS	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FEB 30 1958